STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAY GIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME Halmond (TYPE OR PRINT) 4. RACE 6. AGE (IN YEARS LAST BIRTHDA) 3 SEX female white 1900 28. 84 Sept. To. BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED [ Washington IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife Hagerstown Western Maryland Center 13e STREET ADDRESS / ZIP CODE 21740 427 Rhode Island Ave. 136. COUNTY Washington Hagerstown Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Shantz Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 216-22-1645 Jack C. Bachtell, Hagerstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M. 19 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET NOT WHILE 220 | certify that N (this haspital) attended saw the deceased alive an d that in (my) to the prince death occurred on the date and have and from the causes stated DEGREE 22b. SIGNATA 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ould b 23c, NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL Jan. 4, 1985 Cedar Lawn Mem. Park Hagerstown, Wash., Md burial MINNICH FUNERAL HOME DHMH - 16 50M 4/83 Wilson Blvd., Hagerstown, Md. 21740 Tulia Davidson (VRA 15, 4)

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DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	hn H.	Bast, Jr.	Boonst	oro, l	Maryla	nd a		25e. DATE R	1 9 10	0	REGISTRAR		_	

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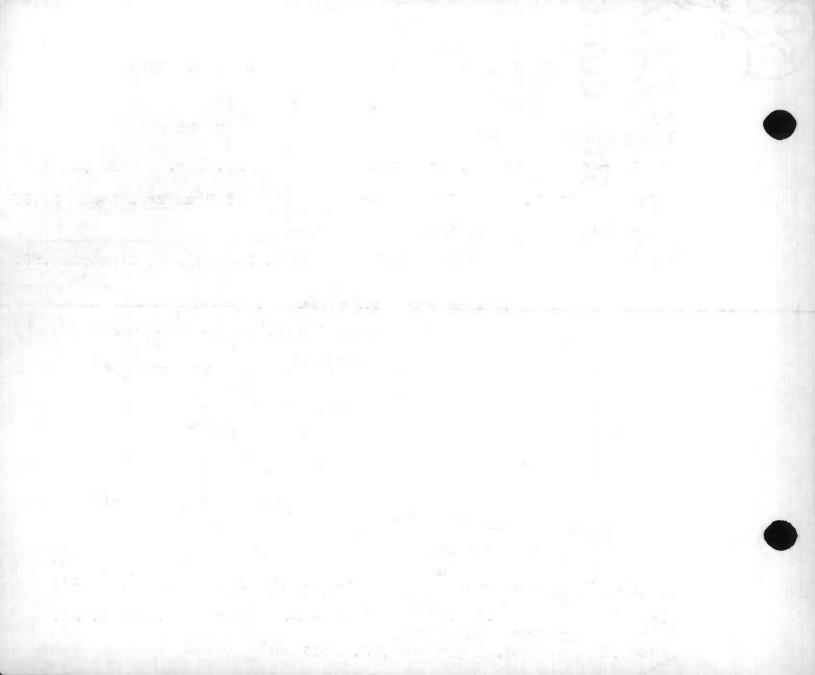
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE CEPTIFICATE OF DEATH

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.	
	EASED NAME  DR PRINTI  BE	ertha	Carol	yn.	BLE	NARD	Dec. 31,		2b. HOUR
3. SEX	emale	4	RACE white		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
7a. BIRT	THPLACE (STATE ORF DUNITY) Insylvani			WHAT COUNT	Jan.  RY? 8  MARRIEI  WIDOWE	NEVER MARRIED	85 BALTIMORE CITY C Washi	PRS. DE COUNTY OF DEAT	Н
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	Ludwig			achtma		15. MOTHER'S MAIDEN NA FIRST Anna	MIDDLE	F6.6	LAST
(YES	AS DECEASED EVER S. NO OR UNKNOWN)		WAR OR DATES	166 SOCIAL S	2-5452	David C.	Blenard,	William	
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F	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	g the last	( (c)	R AS A CONSE		ASCUD NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVENTY PAR	NT Ito
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MEDICAL CERTIFICATION	PART 2 OTHER SIGN  90 DATE OF OPERAT  210 ACCIDENT WAS UND  OR CONTRIBUTING CIP EITHER NOTIFY MEDIC  21d INJURY OCCURR  WHILE NOTIFY MEDIC  220 I certify that (I)  sow the decease above (I) (we) (c)  220 SIGNATURE	THE CANT CO	In time of the property of the	TION FOR WH  FINJURY M. MONTH M.  OF INJURY EET FACTORY OFF  deceosed fro	DAY YEAR 19 ICE FARM EIC )	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCUR  211 LOCATION STREET  19 27  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN E  226. ADDRESS	200 AUTOPSY?  YES NOTER NATURE OF INIT.  CITY OF IC.  death accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, WERE FI IN CERTIFYING CALL YES	STATE  Thot   II (we) lo a the causes stated  ATE SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physic should be detached for use as the bunal-transit permit. Then please remove carbon papewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.



Waynesboro. Penna.

(VRA 15, 4)

Fired R. C. L. No 31 54 815 transcampanians August 1 Program Ochara | Program Ochara | Ochara | Program Ochara | Ochara Torign Strengton Strengton x 1900 ten translin Dr. 33577 Jude (h Husek ) | Horse ( minor n ) 764 - 100 T. ANTONIS LINE TRANST PRODUC The Colon like was so so 4 No Wests so you than the Magastine, his to the second contract the second contract the second contract to th The state of the same of the state of the st

STATE OF MARYLAND - STATE CATE OF DEATH REGISTRAR . DECEASED NAME Minnie Brown 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 DATE LAST BIRTHDAY PRONOUNCED Nov. 22,1910 White Female DEAD 74 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Washington 7h. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Virginia MARRIED NEVER MARRIED U.S.A. WIDOWED T DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORL) FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Hagerstown Washington County Hospital Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b, COUNTY 13c CITY OR TOWN Washington Smithsburg Maryland Box 204 21783 Rt. NOX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Woodward MIDDLE LAST John UNKNOWN In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 219-05-2870 Mr. Charles E. Southard, Smithsburg, no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN SET AND DEATH PART I DEATH WAS CAUSED BY: HAMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Ø ED AS A BURIAL-TRANSIT HEALTH AND MENTAL HY Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION USED 19a. DATE OF OPERATION 20 AUTOPSY? FORWARDED TO THE CHIEN OR: PAGE 3 SHOULD BE USE HE STATE DEPARTMENT OF IND., 21201 PRIOR TO BURIA ď YES NO T 21a EXTERNAL CAUSE WAS HOUR MONTH DAY UNDERLYING 200 P.M. CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held a death resulted from: Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT Smithsburg Cemetery Wash. DHMH 17 Smithsburg. Funeral (VR A15 ME (5)) 20M 4/82

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FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the cou STATE burial 12/7/84 Union Chapel Cemetery Wevers Cave, 24 FUNERAL DIRECTOMINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

Car Dealership

21740

INDUSTRY

IF UNDER 24 HRS



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED Kenne AGE (IN YEARS DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED DEAD COLI In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED X DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Redman Club Washington County Hospital Retired Owner Hagerstown WAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY BALTIMORE, MD. 21201 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 421 Wempe Drive Allegany Cumberland YES X Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nellie Sanders Courtney Chaney. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (HEYES GIVE WAR OR DATES) 218-12-5038 Mr. Reynold A. Chaney, Cumberland, Md. Son War II es CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: evonery ruley discess IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 21e. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTEMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram-Suicide Homicide Undetermined manner Dec 8 84 ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Dec.10,1984 Near Flintstone. Md. Rocky Gap VA Cemetery Burial BP 24 FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md. 21502 **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

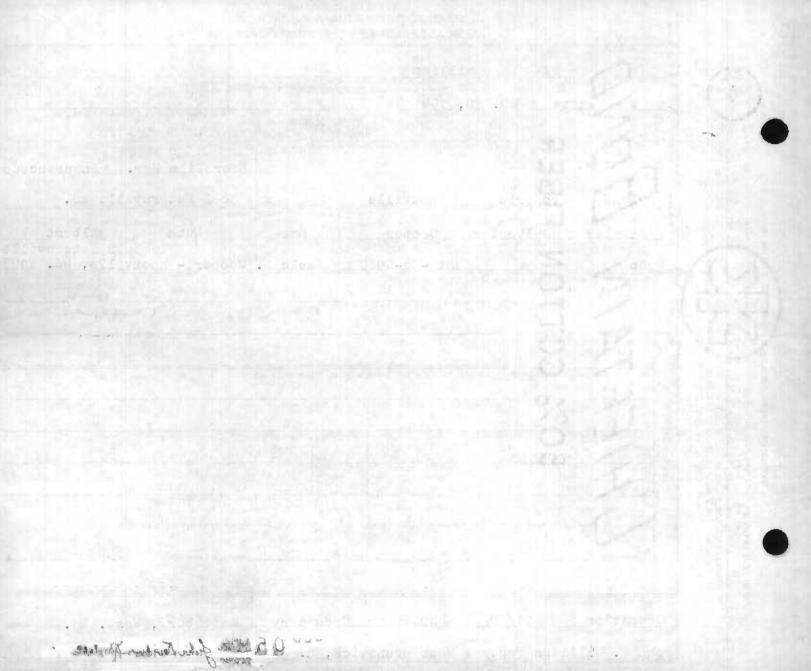
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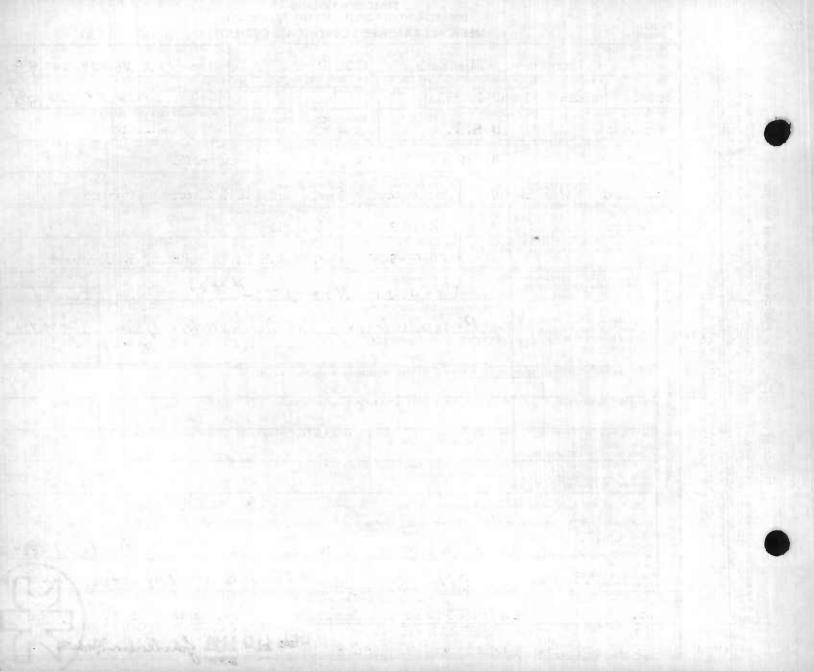
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	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.  ORTANT: If frem 21 is morked or frem 18 shows any injury, or other traumatic event, the medical examiner, must be	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  ORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exeminer must be notified at or	1. DECEASED NAME  [TYPE OR PRINT]  3. SEX  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  11. CITY OR TOWN OF DEATH  12. STATE  13. COU  14. FATHER'S NAME  15. STATE  13. STATE  13. STATE  13. STATE  13. COU  14. FATHER'S NAME  15. STATE  13. COU  16. WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  16. YES, OR  17. CAUSE OF DEATH (Enter or  PART 1. DEATH WAS CAUS  IMMEDIA  18. CAUSE OF DEATH (Enter or  PART 1. DEATH WAS CAUS  IMMEDIA  19. DATE OF OPERATION  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  CITY OF COUNTRY OF COURTED  WHILE AUGUST  220. I CERTIFY that (1) (this hosp  saw the deceased alive or  obove. (1) (Wey) (did) (did in  228. SIGNATURE  224. PHYSICIAN'S NAME (179E	To BIRTHPLACE (STATE ON FOREIGN TO COUNTY TO TOWN OF DEATH TO THE ONE PRINT)  10. CITY OR TOWN OF DEATH TO STATE TO STAT	DEPARTMENT  1. DECEASED NAME   PRS   MIDDLE	DEPARTMENT OF HEALTH AN CERTIFICATE OF REGISTRAR  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  4. RACE  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  4. RACE  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  4. RACE  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  4. RACE  1. DECEASED NAME (TYPE OF PRINT)  1. STATE  1. DECEASED NAME (TYPE OF PRINT)  1. STATE  1. DECEASED NAME (TYPE OF PRINT)  1. STATE  1. DECEASED NAME (TYPE OF PRINT)  1. DECEASED NAME (TYPE OF PR	STATE   STAT	DEPARTMENT OF HEALTH AND MENT AL PYGENE REGISTRAR  T. STATE REGISTRAR  T. DIRECASED NAME THE CAPTURE OF MANE THE CAPTURE (STATE OF DEATH THE CAPTURE)  T. B. BIRTHPLACE (STATE OF DEATH THE CAPTURE) TO THE CAPTURE THE	FOR REGISTARE   DEPARTMENT OF HEALTH AND MENT AR HYGINE REGISTARE REGISTARE   REGISTARE REGISTARE   REGISTARE	DEPARTMENT OF HEALTH AND MENT AR PYGISHE  RECISTAR  RECI	DEPARTMENT OF REALTH AND MENT AR HYGISHE  REGISTRAR  RE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR = STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNX (TYPE OR PRINT) OF ESTI-**JAMES** COOPER 27 10 84 DEATH MATED William IF UNDER 1 YR. 3 SEX DATE OF BIRTH & AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 27 10 84 DEAD 20 194 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington County DIVORCED Maryland USA CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Washington Co. Hospital Hagerstown Microfilm Mgr. InsuranceCo LAL RESIDENCE (IF IN NARIII & NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13e STREET ADDRESS 13d INSIDE CITY LIMITS? rederick 3632 Petersville Rd. Maryland Knoxville FATHER'S NAME IS. MOTHER'S MAIDEN NAME Ruth Albert Cooper Mae Sylvester 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES) 218-38-0989 Adele L. Cooper - Knoxville, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED / 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 1 PRIOR TO BURI YES X NO [ 216. TIME OF INJURY HOUR AM MONTH DAY 210 EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING ZAOR CONTRIBUTING CAUSE OF DEATH 10 Subject shot. P.M. 11-27-21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. CITY OR TOWN WHILE AT WORK AT WORK 3632 Petersville Rd., Knoxville, Frederick home EXECUTE THE CERTIFICALE, A SHOULD BE FORW TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE STANDARD, 2 Md. 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Homicide X death resulted fram: Natural cour Accident Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 11-28-84 Assistant MEDICAL EXAMINER SIGNATURE FXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 11/30/84 Cremation Smithburg Crematory Ory Smithburg 74. FUNERAL DIRECTOR . 17 (VR A15 ME (5)) John T. Williams Funeral Home Brunswick, Ma. 1





Hagerstown, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6 60	3. SEX		HRS
1 74	3. 36	MONTH DAY YEAR MONTHS DAYS HOURS M	AIN.
* B B 202	_/	11ALE White 1-6-13 1/ YRS.	
2 22 2/6	7a B1	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
1 1 3/	13	WOOWER U.S. A WIDOWED DNORCED [ WAShington County,	MD.
1 11 20	10 CI	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME ON OTHER INSTITUTION  12. USUAL OCCUPATION  13. USUAL OCCUPATION  14. USUAL OCCUPATION  15. USUAL OCCUPATION  16. USUAL OCCUPATION  17. USUAL	OR
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NG of the ork	19/	WHILE NOT WHILE AT WORK AT WORK	
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TITE 110 110 10 10 110		saw the deceased alive an 19 34, and that in (my) (auf) apinion death occurred an the date and hour and fram the causes stated above, (1) (we) (did) is a not view the body after neath.	d
R ATT Hospin Hed for tem 2		DEGREE 22. DATE SIGNED	
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DHMH - 16 50M 4/83	24 FI	INERAL DIRECTOR 100/Peters 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
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## STATE OF MARYLAND

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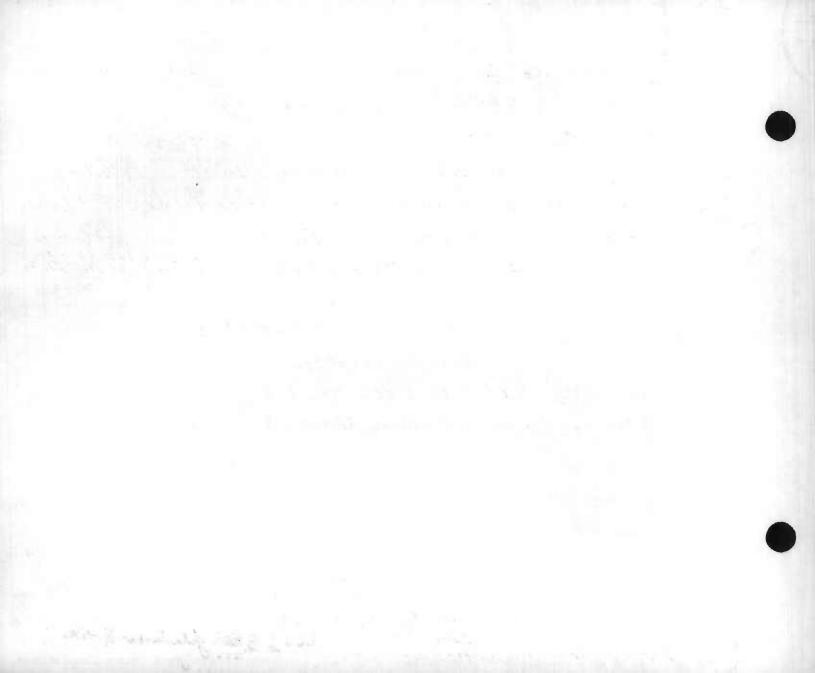
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ı	1. DEC	OR PRINTI BARB	ARA	ELL	EN C	-	LETON		DATE OF DEATH MONTH December 10,		26. HOUR 8 PM
	3. SEX	Female		White			7 7 1900		AGE (IN YEARS LAST BIRTHDAY) 84	R IF UNDER 24 HRS. 5 HOURS MIN.	
1		Maryland	FOREIGN 7b.	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	ורים	Washington	UNTY OF DEATH	MD.
		gerstown of DE.	ATH 11		Potomac		OR OTHER INSTITUTION	N 120	USUAL OCCUPATION  OF CLECK OF WORK	INPUSTED	of BUSINESS OR Slishing
6		ar residence (# NUR aryland			Hagersto		13d. INSIDE CITY LIMI YES A NO		STREET ADDRESS / ZIP C	Ha Ave., Mo	d. 21740
1		Joseph	MID	S	ensen <b>bau</b>		15. MOTHER'S MAIDE FIRST Clara		WIDDLE		AST
		vas deceased ever ves, no or unknown) NO	IN U.S. ARME (# YES, GIVE W		213-24-9		Candice (	G. Sc	oulakis 1411 Baltim	Haberson	21228
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2	CERTIFICATION	19a DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION					20a AUTOPSY?   20b	IF YES, WERE FIND ERTIFYING CAUSE YES	DINGS USED
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		22a I certify that (I saw the decease above, (I) (we) (	ed affive kin	9/1	218419	, 01	nd that in my) our) ar	pinian deal	th accurred on the date and	d hour and from th	that (l) (we) last ne couses stated
_	8	22b. SIGNATURE	108	7 U/ (	couple	ell	ATTENDE PHYSICI		AEDICAL STAFF IRECTOR PHYSICIAN	12	12/34
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	(	BURIAL, CREMATION  SPECHY) Buria			13, 1984 1	Rest 1		etery	234 LOCATION 7 Hagerstown		
	24 FU 41	UNERAL DIRECTOR NO.			VERAL HO gerstown		21740	DEC	C'D. BY REGISTRAR 25% 8	CASTR Davidson	X- Mandelle

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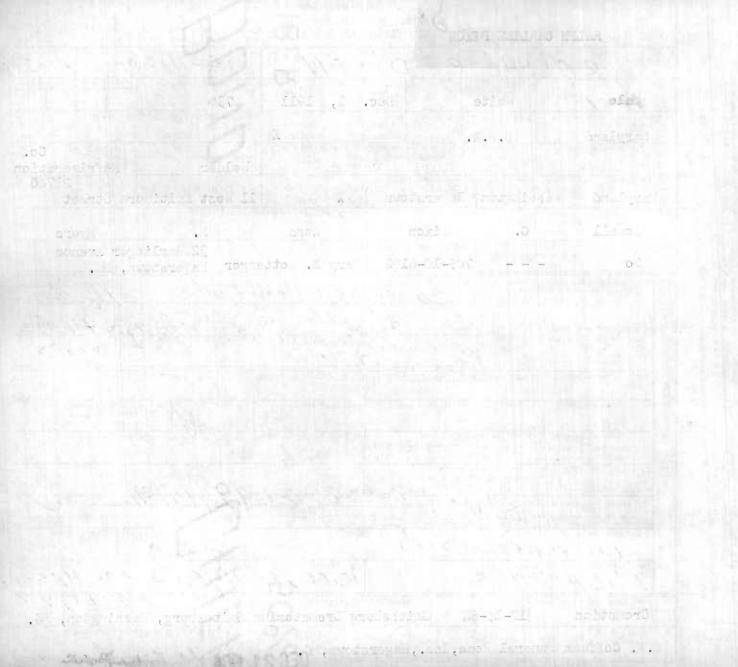
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DIETER DEATH MATED 4. RACE 6 AGE (IN YEARS IF UNDER I YR. DATE PRONOUNCED Male White 12-3-1920 64 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) Maryland WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hospita Hagerstown Washington computer operater aircraft 1134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Mashington Maryland Hagerstown YES T NO [ Mealev 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Catherine Schindel George Frederick Dieterich. Sr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 146 SOCIAL SECURITY NO. DIVISION (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) WW Cecelia A. Dieterich see ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: MYDEARDIAL INFARCT, ACUTE (410) AND IMMEDIATE CAUSE (a)\_ Conditions, if ony, which MINUTES CHRONIC gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION BE USED / 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT O YES [ NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) VARDED TO THE VAGE 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND death resulted from: Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial St. John's Cemeterv Hydes BP 24 FUNERAL DIRECTOR 3Q5 ss N. Potomac St. **DHMH - 17** N. Minnich Hagerstown, Maryland (VR ATS ME (5)) 20M 4/82

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	3 SE		4 RACE	S. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS N
2		Male .	White	Dec	. 2, 1911	73 YRS	
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357		Maryland	U.S.A.	WIDOWE	DIVORCED X	Washington	
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-	13a. S	AL RESIDENCE   IF NURSING HOME OF	NTY 134 CITY OF	E BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	21740
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and I	14. FA	THER'S NAME	MIDDLE LA	ST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
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		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	L SECURITY NO.	17 INFORMANT	32 Garli	nger Avenue
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then 21 is marked or hem 18 shows any injury, or them 21 is marked or hem 18 shows any injury, or		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IFETHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WORK Sow the deceased olive o above. (1) OKO (101) (0K)	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21a. PLACE OF INJURY IAT HOME STREET, FACTORY, (a) 1010), ownder the decomposition of the body after displacement.	H DAY YEAR  19  DEFICE FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET  and that in (my) & X X ppinion  DEGREE  ATTENDING	200 AUTOPSY? 200. IF IN CER YES NOT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO (()) (B PART I OR PART 2)  COUNTY STAT  19 , that (w) (our and from the causes state)
then 21 is marked or hem 18 shows any injury, or them 21 is marked or hem 18 shows any injury, or	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  22a I certify that (K(this has saw the deceased alive o above, (I) DROK (did) (drok 22b. SIGNATURE)  22d. PHYSICIAN'S NAME LIVE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AI HOME. STREET, FACTORY, On the body offer minutes  OR PRINT!	H DAY YEAR 19 DEFICE FARM. ETC)	216 HOW INJURY OCCUR 211 LOCATION SIREET  100 March 100	200 AUTOPSY? 20b. IF YES NOT IN CER  RED (ENTER NATURE OF INJURY IN ITEM I  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN (  200 AUTOPSY? 20b. IF Y IN CER  100 AUTOPSY?  100 AUTOPSY?	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  OUL and from the couses state.
tacked for use as the bural-transit permit. Then plec e Dept of Health and Mental Hygiene prior to burial if them 21 is marked or them 18 shows any injury, or	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DI IF ETHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that (IX (this has, sow the decased alive o above, (I) (XXX (did) (4XXX) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1 AI HOME. STREET, FACTORY, On the body offer minutes  OR PRINT!	H DAY YEAR 19 DEFICE FARM, ETC.) 19 00 123c NAME OF C	216 HOW INJURY OCCUR  211 LOCATION SIREET  100 March 100	200 AUTOPSY?   200 IF YIN CER  YES   NOT   NO CER  RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO (()) (B. PART I OR PART 2)  COUNTY STA  COUNTY STA  19 , that Re (we show it out and from the couses state)  224, DATE SIGNED  A M HAG



	1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 3 4 6	5 1
	1	STATE REGISTRAR	and All	CERTIFICATE OF DEATH		
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
or page 3		LOUISE		DUDLEY	December 3	31, 1984 454 m.
ector, p	3. SE	x Female	White	Dec. 5, DA 1896 PEAR	6 AGE (IN YEARS LAST BIRTHDAY)  88	MONTHS DAYS HOURS MIN.
n 72 hou	70 B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIED □ NEVER MARRIED □ WIDOWED ■ DIVORCED □	9 BALTIMORE CITY OR COUN	NTY OF DEATH
ed with	10 C	PGERSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Secretary	126 KIND OF BUSINESS OR
e fill	USU	AL RESIDENCE (IF NU SHILL BE OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO			Y.C. GOVETIMELI
should by	1	laryland r	ederick   13c. CHY OR TO	erick YES A NO	North Market S	treet Fxt 2170
and 2 s	14. Fz	ATHER'S NAME FIRST UNKNOWN	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	Stelfax
dicol dicol	160 \	WAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	- ADDRESS	rd Street
Poges	,	TIF YES, GI	None 083-24-	256 Mrs. Judy Vo		Md 21701
pers.		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy mov went			nly ane cause per line far (a), (b), o ED BY: .TE CAUSE (a)	condition America		SELVICE CHARLES AND SEASON
ing report		IMMEDIA		ZINAC AMA		
e co on, c		Conditions, if ony, which	DUE TO, OR AS A CONSEO	JENCE OF AC. T. M		Trus Dana
notice		gave rise to immediate	(b)	Toute It.		- 1019 EM MAN
ol, crer	1	cause ia, stoting the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF ASCUS		Yre
signed hen ple to bure ijury, o	Z	1		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I (a)
T io I	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
S or S	2	THE DATE OF OFERATION	110 COMMINION WHIC	II OFERATION WAS FERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
Show Show	E		7 7005 05 00000		YES NO	YES NO
ficote fronsil Hygii 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216, TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2}
riol-tr entol tr	N S	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
os the burial-t lih and Mental arked ar Hem	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE	FARM EIC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Afte os olth	1.5		ital) attached the deserved from	1/-3 10 0/	1 10 /2-31	19 & Lathor (I) (we) last
Hes is		sow the deceased alive on	ital) attended the deceased from	D(/ and that is (mu) (aux) asisise	, 10	
RECTC hed for ept. of tem 21	135	abave, (1) (we) (did) (did no	at view the bady after death.	, and marin (my) (ser) opinion	death occurred on the date and l	naur and fram the couses stated
Direction of the property of t	1	226. SIGNATURE	1/16 1 9	DEGREE		224. DATE SIGNED
FUNERAL I		1/1 1/1	My No	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1:-1-25
A Ste	1	220 PHYSICIANS NAME TYPE	OR PRINT)	22e ADDRESS		
		1) TO VAN	6) 410.	19371/	A.L. Gavon	Marin M
5 4 3 3	230	BURIAL, CREMATION, REMOVAL	122	NAME OF CEMETERY OR CREMATORY	1236 LOCATION	5 10 10 4 17 0
		Burial	1 0 1		_ CITY OR TOWN	COUNTY STATE
	1			ryer Memorial Park		Maryland
- 16 50M 1/B1 /RA 15, 4)	24 F	Smitch, Keeney	and Basford Fund	eral Home	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

	Deberase C		u Highely/		alors.
تمام کمیده ۱	eloues AW				
20700 .2.07	Tellsouther 1	Sou	AM PENAV	A MOOR	95 an H
	detal from				
	abreit d and 31 deliaber of	College Inc.	0757-10-1-II		
	11 NA	17 - 17 Y			

The low requires that the death certificate an executed

OR ATTENDING PHYSICIAN.

etained by the haspital TO HOSPITAL

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 3

١	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AI CERTIFICATE O	2 10 100	1 0 .	4 0 5	2	
1	I. DEC	CEASED NAME FIRST OR PRINT)	WIDDLE	Eby		REG. NO 20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR PM
	1. SEX	MALE	white	5. DATE OF BIRTH	0,1975	AGE (IN YEARS LAST BIR	YRS.	DAYS HO	JINDER 24 HRS DURS MIN.
6		RTHPLACE IN ALE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEV	DIVORCED	BALTIMORECITYO	ing tor	Ce	D., MD.
19	10.01	Lagerstown	11. NAME OF HOSPITAL, DU (IF, NOT IN SUCH FACILITY, ONE)	IRSING HOME OR OTHER IREET ADURE		120 USUAL OCCUPATI (TYPE OF WORK FORMOST O MAINTEN	F WORKING LIFE) IND	KIND OF BU	SINESS OR L
6	13a. 5	THE HONG OF THE HISTORY HOME OF	OTHER INSTITUTION, GIVE RESIDENCE IN CITY OR	STOWN YES [	NOT	3. STREET ADDRESS	ZIP CODE	2/74	0
0		Samuel Samuel	MIDDLE R. E. S.	9	ER'S MAIDEN NAMI	MIDDLE	Show	alte	N
1		VAS DECEASED EVER IN U.S. AR HS, NO OR UNKNOWN) LE YES, GIN	MED FORCES? 166 SOCIAL (E WAR OR DATES)	4-6027 Ed1	rmant 2a 1. El	by Ha	gerstou	JN. B	P. 21740
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		disruper	day C	rrest		APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	andial u	nlarchen			
	TION	PART 2 OTHER SIGNIFICANT (					206 IF YES, WER		ucco.
9	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PE		YES NO	IN CERTIFYING	CAUSES OF	
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR 19	ATION	D (ENTER NATURE OF INJU		OUNTY	STATE
	M	WHITE NOT WHITE AT WORK  220   Certify that (I) (this hasp		om C	19.01	_, to	- 1 19_	8 ! that	(I) (we) fast
		saw the deceased alive an above, (I) (we) (did) (did no The SIGNATURE)	or) view the body offer death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF2	ram the cau	
1	)	Frederic	12 Lass	22e. ADI	BUT 1to	well Ad	2 1203	erstoc	worksl
	270-5	Burual	12/8/84	CLEAR OF CEMETERY	g Ch. le	in Ofer	waprin	9,11	rd.
	T	Unrick-M	iller - May	Themeos	the MEC ?	1.1.1004	Min Suriden	Post	

DHMH - 16 50M 4/83 (VRA 15, 4)

and 2 should be filed within 72 ha

should be detached for use as the burnal-transit permit. Then please remove carbonopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. MPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

the state of the same with the

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

1 - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

П	REGISTRAR		6211.11	TEATE OF DEATH	REG. NO.	
1	I DECEASED NAME FIRST	M	IDDLE	LAST COLOR	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	in L	[-	11,4	12	10 84 17 8 4
	3. SEX	4 RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	MONT	ober 5. 1898	86 yrs	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	1 _	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	COUNTRY)		MARRIE	D M NEVER MARRIED	ilvel.	
	Pennsylvania  ID CITY OR TOWN OF DEATH	U.S.A.	OSPITAL, NURSING HOME		120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
1		( IF NOT IN SUCH	FACILITY, GIVE STREET AODRESS)	SK Offick it Still Still Still	(TYPE OF WORK FOR MOST OF WORKING L	FEL INDUSTRY
4	Hagerstown USUAL RESIDENCE (IF HURSING HOME OR		town Hospital		Housewife	Own Home
	13a. STATE 13b. COUN		13c. CITY OR TOWN	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
4		ington	Williamsport	YES NO	2750 Virginia	Ave. 21795
	14 FATHER'S NAME FIRST	MIDOLE	LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
	Edward	A.	Rook	May		Laning
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 241	3 Diana Road
	NO NO OR ORKNOWN) (# 125. GIV	E WAR OR DATES)	220-24-1705	Mrs. Doris N	(ahlenberg Balt.	Md. 21209
1	IS CAUSE OF DEATH (Enter on	ly one couse per l	ine for (o), (b), and (c).	. 0		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I DEATH WAS CAUSE	D BY: TE CAUSE (o)	11 noven	nual		
	MMEDIAI					
	Conditions if any hid	1	AS A CONSEQUENCE OF			
1	Conditions, if any, which gove rise to immediate	(b)				
	couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF			
		(c)				
		ONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GI	VEN IN PART 110
1	190 DATE OF OPERATION	19h CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	E IN BAIL OF OFERATION	1,0 00,101	TON TOR WHICH OF ERATIO	THAS TERT OR MED	IN CERTI	FYING CAUSES OF DEATH?
9	210 ACCIDENT WAS UNDERLYING	1 216. TIME OF	INTERV	121/ HOW IN HIPV OCCUPE	YES NO Y	ES NO
7	OR CONTRIBUTING THE CAUSE OF SEA	110110 4 4	MONTH DAY YEAR	THE HOW WASON OCCORN	LEMIER WATORE OF INJURY IN HEM IS	PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED					
	21d INJURY OCCURRED	21e PLACE C (AT HOME, STRE	OF INJURY ET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK					
	22a I certify though (this hospi		deceased from	1985	_, to DOC 10	19 that (II)(we) last
	tow the deceased glive on	t) view the body o	ofter death.	nd that in (my) (pur) opinion o	death occurred on the date and ha	ui and from the couses stated
1	77% SIGNATURE 2001	04		DEGREE	1	22c. DATE SIGNED
	1/leen	Cotto		MY ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/10/84
٦	224 PHYSICIAN'S NAME (1916)	or Princip		22e ADDRESS		1
	Allantel	San 1	20	1610 Ock 1	Kill he Huge	Istan MD
	23a. BURIÁL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Burial	Dec.14	,1984 Druid R	idge Cemetery	Baltimore Ba	ltimore City Md.
	24 FUNERAL DIRECTOR			25e. DATI	E REC'D. BY REGISTRAR 256. REGIS	
	F. Gasch's Sons	F.H. P.A	. Hyattsville	, Maryland he	Ct name It	the man
				-	C. T. STEEL STREET	ALL PROPERTY AND A STATE OF THE PARTY AND ASSESSMENT OF THE PARTY ASSE

Sent marks The MODELS TEN THE CARRY OF THE PROBLEM OF THE CARRY OF THE CARRY

SMOOTHER, SHOW AND BY DESIGNED SPECIAL PROPERTY OF SPECIAL PROPERTY OF THE PARTY OF

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CENTIF	CAIL OF DEATH	REG. NO	).	
	. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
l	VIRGII	NIA M.	AE ER	INDE	13	7-11-84	10 10 M
3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
l	female	whit		iary 7, 1923	61	YRS	
7	a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	T COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	
۱	Pennsylvania	U.S.A.	WIDOWE		Washing	gton	MD.
t	O CITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
	Hagerstown		on County H	lospital	Housewife	WORKING CITE! III ADOSTKI	
	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b, COUN		RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
1			Hagerstown	YES X NO	335 South	Potomac St.	. 21740
t	4 FATHER'S NAME	WIDDLE	LAST	IS. MOTHER'S MAIDEN NAM	ME MIDDLE		
l	Henry	-	oper	Ethel	MIDDLE	Dale	451
t	60 WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55335 S. Pot	omac St
L	(YES, NO OR UNKNOWN) (IF YES, GIVE	e war or dates)	214-14-6490	Clarence E.	Ernde, Sr	. Hagerstov	wn, Md.
F	IS CAUSE OF DEATH (Enter onl	v one cause per line f	for (a), (b), and (c)		· ·	APPRO BETWEEN	XIMATE INTERVAL
l	PART I. DEATH WAS CAUSED	E CAUSE (o)	acui	invocar	dial wite	evelian	
ı	IMMEDIAI		· CONSTOURNED OF	1			
ŀ	Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF				
ı	gove rise to immediate	(6)					
ı	couse (a), stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF				
ı	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART I	
ı		<u></u>					
1	I 190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND	
ì	를 기				YES NO	IN CERTIFYING CAUSE YES	NO T
d	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)	
ı	OR CONTRACTOR CAUSE OF DEA	III	MONTH DAY YEAR				
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	21e. PLACE OF IN		211 LOCATION			
ı	WHILE NOT WHILE D	(AT HOME STREET, FA	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
ı	22a.1 certify that (I) (this hospit	tal) attended the dec	reased from	. 19	to	19	, that (I) (we) last
١	saw the deceased alive an		19 01	nd that in (my) (our) opinion			
l	obove, (I) (we) (did) (did not 22b. SIGNATURE	i) view the body ofter		DEGREE		22c DAT	E SIGNED
ı	///	()	= - 1.	ATTENDING	MEDICAL STAF		111/50
1	22d PHYSICIAN'S NAME PAPE	(PRINT)	a	22e ADDRESS	J DIRECTOR   PHISIC	IMIA	143
	ARDUI I	LIVERD	1417	1600 OAK	Hill Al	0 HAGN	102/740
+	22- BUDIAL CREMATION PENOVAL	Tab Date	1234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 111 7:	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Dec. 14,		Hill Cemeter	v Hagerstown	own Washing	gton Md.
- 1		,			/		2

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpapte with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If Hem 21 is marked or Hem 18 shows any



FOR STATE REGISTRAR

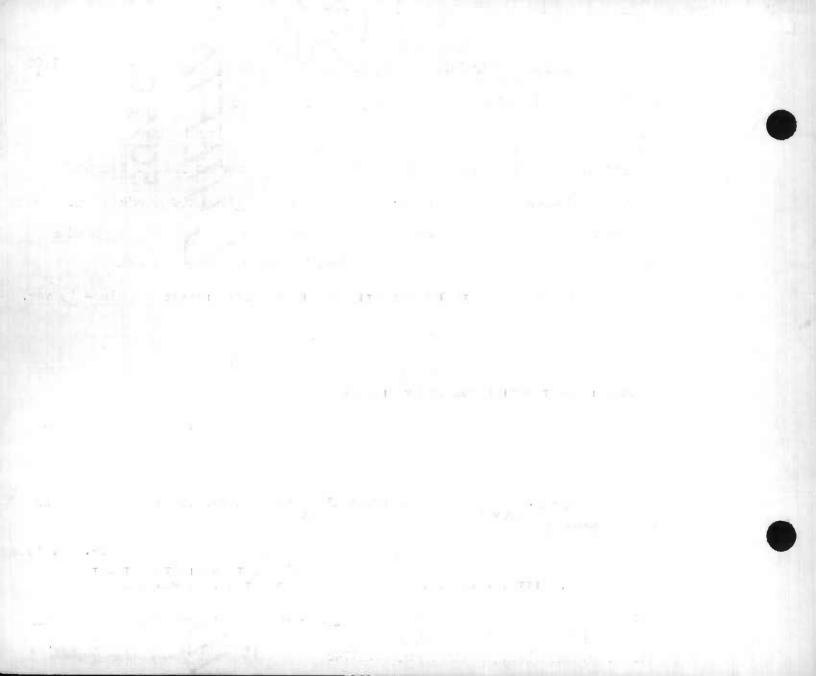
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

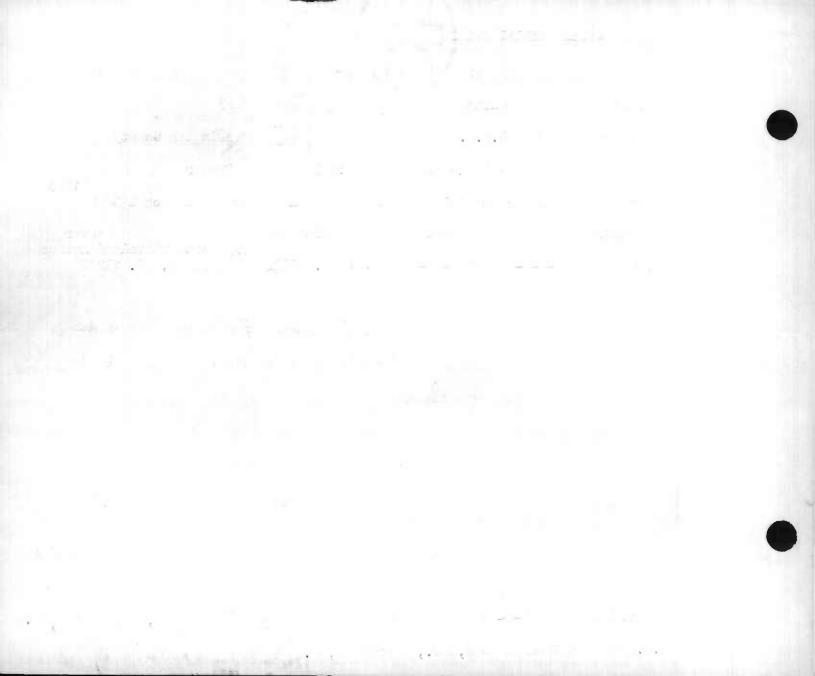
3 4 5 5 5 REG. NO.

	emale  IRTHPLACE (STATE OR		N RACE  White  B. CITIZEN OF	e WHAT COUNTRY?		. 1, 1909 YEAR	6. AGE (INYEARS LAST BIR  75  9. BALTIMORE CITY O	YRS.	MONTHS DAYS		DER 24 HE
_	Maryland		USA	The state of the s		Washir					
H	lity or town of de lagerstown		1712 B	roadfordi	ing R	or other institution	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O <b>nurses</b> a	OF WORKING I	176 KINDO INDUSTRY hospi		INESS (
13e 5	NAL RESIDENCE (IF NUR STATE Maryland	136 COUNT		136. CITY OR TOWN	N	134 INSIDE CITY LIMITS?  YES NO X	1712 Bro			d.	21
IIE F7	Denton	Ar	NDDLE	Faith		Clara	WIDDLE		Sř	ult	z
16a, V	WAS DECEASED EVER (YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Ethel Bryan	, Hagersto		Md.		
	PART I. DEATH V	VAS CAUSED	BY.			TIC CARDIOVASC	CULAR DISEAS	SE	BETWEEN 10 -		YR 8
		IMMEDIATE	CAUSE (a)								
	Conditions, if ony	, which	CAUSE (a)	r as a conseque	NCE OF						
	Conditions, if ony gave rise to im couse (a), stati	, which mediate ng the e last	DUE TO, O  (c)	r as a conseque	NCE OF						
NOI	Conditions, if ony gave rise to im couse (0), stati underlying cause	, which mediate ng the e last	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CC	r as a conseque	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PART 1	(0)	
TIFICATION	Conditions, if ony gave rise to im couse (0), stati underlying cause	which mediate and the last	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUE DISTRIBUTING TO D PULMONARY	DEATH BUT		IN AL DISEASE OR CON  200 AUTOPSY?  YES NOW	20b. IF YI IN CERT	IVEN IN PART ) ES, WERE FIND IFYING CAUSE YES	INGS U	SED EATH?
CAL CERTIFICATION	Conditions, if ony gave rise to im couse (a), stati underlying coust	which mediate ng the lost.  NIFICANT CO  OBSTRITION  DERLYING  CAUSE OF DEAT	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  UCT I VE  196 COND	R AS A CONSEQUE  DITRIBUTING TO D  PULMONAR Y  ITION FOR WHICH  OF INJURY  M. MONTH DA	DEATH BUT  V D181  OPERATIO	EASE	20a AUTOPSY? YES □ NO ☑	20b. IF YI IN CERT	ES, WERE FIND FIFYING CAUSE YES []	INGS U	EATH?
MEDICAL CERTIFICATION	Conditions, if ony gave rise to im couse (a), stati underlying couse.  PART 2 OTHER SIG CHRON IC  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED)  WHILE WHILE WHOPA IN OTHER NOTHY MED  WHILE WHILE WHOPA IN OTHER NOTHY MED	, which mediate ng the elast.  NIFICANT CO  OBSTRITION  DERLYING CAUSE OF DEAT  KALEXAMINERI  RED  MILLE COMMITTER  MILLE COM	DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  UCT I VE  19b COND  21b TIME C HOUR A. P. 21e PLACE (AI HOME SII	R AS A CONSEQUE  PULMONAR 1  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	DEATH BUT  DEATH BUT  OPERATIO  OPERATIO  ANY YEAR  19	PASE  VAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION STREET	20a AUTOPSY? YES □ NO ☑	20b. IF YE IN CERT Y	ES, WERE FIND FIFYING CAUSE YES []	INGS U	EATH?
	Conditions, if ony gove rise to im couse (a), staff underlying cause PART 2 OTHER SIG CHRON I C  190. DATE OF OPERA  710. ACCIDENT WAS UN OR CONTRIBUTING (IF ETIMER, NOTIFY MED 21d. INJURY OCCUR  WHILE NOTIFY ACTIVE AT WORK AT WORK  220.1 certify that (1	, which mediate ng the elast.  NIFICANT CO  OBSTRICTION  DERLYING CAUSE OF DEAT ICAL EXAMINER!  RED  HILLE CORRESPONDER  ORANGE CORRESP	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  UCT I VE  196 COND  216. TIME C HOUR A. P. 216. PLACE (AI HOME STI	R AS A CONSEQUE  PULMONAR 1  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, FA	DEATH BUT  DEATH BUT  OPERATIO  OPERATIO  AY YEAR  19  ARM ETC.)	PASE  VAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION STREET	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUING OF INJUING INTO INTO INTO INTO INTO INTO INTO INTO	20b. IF YI IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	INGS US OF DI	STATE
	Conditions, if ony gave rise to im couse (a), stati underlying couse.  PART 2 OTHER SIG CHRON IC  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED)  WHILE WHILE WHOPA IN OTHER NOTHY MED  WHILE WHILE WHOPA IN OTHER NOTHY MED	Which mediate ng the last.  NIFICANT CO  OBSTRICTION  DERLYING CAUSE OF DEAT ICAL EXAMINER!  RED  HIRE COMMENT COMMENT ICAL EXAMINER ICAL EXAM	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  UCT I VE  196 COND  216. TIME C  HOUR A.  P.  216. PLACE (AI HOME STI	R AS A CONSEQUE  PULMONAR 1  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, FA	DEATH BUT  V DISI  OPERATIO  AY YEAR  19  ARM ETC.)  DECEMMENT	211 LOCATION SIREE  DER 21 19 59  and that in (my) ** apinion of Physician **  ATTENDING PHYSICIAN **	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUING OF INJUING INTO INTO INTO INTO INTO INTO INTO INTO	20b. IF YI IN CERT Y DWN  R 29 late and ha	ES, WERE FIND IFYING CAUSE (ES   PART 1 OR PART 2)  COUNTY  LOUIS ON THE COUNTY  27. DAT  NOV.	that {	STATE  STATE  State  Stoted

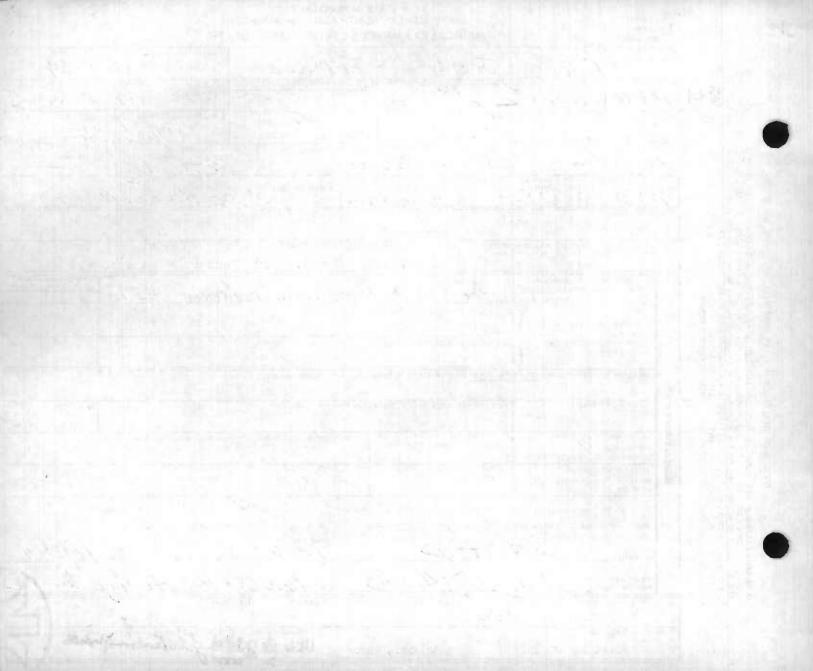
415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 4/83 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN I 2b HOUR (TYPE OR PRINT) ESTI-12 DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED ven DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS 100 Stonecroft Court SHOULD BE F (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Domonic Ferrara 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No 058-07-3223 Mrs. Clera Ferrara - Same as #13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYCIOSOLEJOTICE MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE AGE 3 SHOULD BE USE ATE DEPARTMENT OF I YES [] 210 EXTERNAL CAUSEWAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held on Autopsy death resulted fram Suicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 12/8/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Anatomy Board Balto., Md. (VR A15 ME (5)) 20M 4/82



		FOR
1	-	STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4	6	5	8

$\overline{}$					REG. NO			
	CEASED NAME FIRST		MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(14)	PAUL PAUL	FRANKL	IN FIZER		December :		<u> </u>	M
3 51	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	(YACHI	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	White	Apri	1 4, 1915 ear	69	YRS		HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	W. Va.	U.S.A	• WIDOW	ED DIVORCED	Washingt			MD
10.0	Hagerstown	(IF NOT IN SUC	HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS? Ston County F		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Salesman		NOUSTRY Toba	F BUSINESS OR
13a.	JAL RESIDENCE (# NURSING HOME OI STATE 1136 COUI Laryland Wash		GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Hagerstown	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS /	ZIP CODE	Hage Md.	rstown 21740
14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
	Samuel E	MIDDLE •	Fizer	Montie	L. MIDDLE		ove	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	1745 Edgew	vood Hil	l Cir	cle
	(YES, MOOR UNKNOWN) (IF YES, GI	t wan on party	234-01-7724	Edith Fizer	Hagerstown	, Md.	21740	
	18 CAUSE OF DEATH (Enter or	ly ane cause per	line far (a), (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)	acute ways	cultural IV.	actur			lan
	Canditions, if any, which	(b)_(	Indemocka	ustec dear	t Queaue		7.	2es
ATION		(c)	r as a consequence of			DITION GIVEN I		
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)	R AS A CONSEQUENCE OF		INAL DISEASE OR CONI  20e AUTOPSY?  YES NO	•	RE FINDI	NGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	CONDITIONS	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (1)  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	19b CONDITIONS CONDITI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY  M. MONTH DAY YEAR  M. 19	211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WI IN CERTIFYING YES TENTEM 18 PART I	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (1)  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK  21a Certify that (1) (this hasp	19b CONDITIONS CONDITI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY  M. 19  OF INJURY  REEL FACTORY OFFICE FARM ETC.]  THE deceased from	211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WI IN CERTIFYING YES TEN THE MISS PART I	COUNTY	NGS USED OF DEATH? NO  STATE
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (1)  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF RETHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTH WHILE AT WORK	I9b CONDITIONS CONDITI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY M. 19  OF INJURY  REEL FACTORY, OFFICE FARM, ETC.)  IN deceased from  19  Often deceased from  Often death.	211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WI IN CERTIFYING YES TO RY IN ITEM 18 PART 1	COUNTY	NGS USED OF DEATH? NO  STATE  that (I) (wo last causes stated
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT of the underlying cause last.  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hasp saw the decased alive or above, (I) (we) (diet (did not not only the cause)).	I9b CONDITIONS CONDITI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY  M. 19  OF INJURY  REEL FACTORY OFFICE FARM ETC.]  THE deceased from	211 LOCATION STREET  211 LOCATION STREET  212 And that in (my) (pur) apinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO  death occurred on the do	20b. IF YES, WI IN CERTIFYING YES TO THE WIN THE METERS TO THE WIN THE METERS TO THE WIND THE METERS TO THE WIND THE WIN	COUNTY  d Irom the 22c DATE	NGS USED OF DEATH? NO  STATE  that (I) (we last causes stated
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT of the underlying cause last.  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hasp saw the decased alive or above, (I) (we) (diet (did not not only the cause)).	I9b COND  I9b COND  IPb TIME COND  ATH HOUR A. P. 21e PLACE IATHOME STI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY M. 19  OF INJURY  REEL FACTORY, OFFICE FARM, ETC.)  IN deceased from  19  Often deceased from  Often death.	211 LOCATION STREET  211 LOCATION STREET  212 And that in (my) (pur) apinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO:  CITY OR TO:  Local death occurred on the do	20b. IF YES, WI IN CERTIFYING YES TO THE WIN THE METERS TO THE WIN THE METERS TO THE WIND THE METERS TO THE WIND THE WIN	COUNTY  d Irom the 22c DATE	NGS USED OF DEATH? NO  STATE  that (I) (wor last causes stated SIGNED
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT of the underlying cause last.  PART 2 OTHER SIGNIFICANT of the underlying cause last.  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE LAT WORK NOT WHILE AT WORK AT WORK AT WORK CAUSE OF DE CONTRIBUTION OF THE UNDERLYING CAUSE OF DE CONTRIBUTION OF THE UNDERLYING CAUSE OF DE CONTRIBUTION OF THE UNDERLYING CAUSE OF THE UNDE	I9b CONDITIONS CONDITI	R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION  OF INJURY  M. 19  OF INJURY  REEL FACTORY OFFICE FARM ETC.]  THE deceased from  ofter death.	211 LOCATION SIREET  211 LOCATION SIREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO  death occurred on the do	20b. IF YES, WI IN CERTIFYING YES TO THE MISS PART I	COUNTY  d Irom the 22c DATE	NGS USED OF DEATH? NO  STATE  that (I) (was last causes stated SIGNED

DHMH - 16 50M 4/83

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the should be derached for use as the buriol-transit permit. Then please remove corbany with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or rem

<sup>24 FUNERAL DIRECT</sup> MINNICH FUNERAL HOME 415 E. Wilson Blvd. Hagerstown, Md. 21740 (VRA 15, 4)

The state of the s STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 6 5 9

1	- STATE REGISTRAR	Ser D T	CERTIFICATE OF DEATH	REG. NO.	3 3 4
1	I DECEASED NAME FIRST	MIDDLE	CAST	20 DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
1	Rosie	Ellen	Flanagan	Dec. 7, 19	984 6:00 m
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
1	Female	Whi te	July 30, 1907	77	MONTHS DAYS HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCED (	Washing	ton MD
1	Clearspring	221 Maim S	st.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired	king life) 12b. KIND OF BUSINESS OR INDUSTRY Home
V		NTY 13c. CITY OR	erown 13d inside city Limits:	221 Main S	
7	Joseph	Mills		Ellen	Carty
	160 WAS DECEASED EVER IN U.S. AR (YES. NOOR UNKNOWN) (IF YES. GIN	F WAR OR DATEST	SECURITY NO. 17 INFORMANT 46-6674 Mrs. Ros	ie Starliper	Clearspring
1	18 CAUSE OF DEATH (Enter or		b), and (c).)	54.8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (b) Cons	restive heart fai	lure	6 weeks
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	osclerosis: Diabe	etes; Hemorrh	age 5 yrs
		CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART Tra
	190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
1			H DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) I did) (did no	7 0 /1. /	01,	an death accurred on the date on	nd hour and from the causes stated
	27b. SIGNATURE	ME	DEGREE ATTENDING PHYSICIAN		12-10-84
	220 PHYSICIAN'S NAME (TYPE OF WILLIAM )	N. Lesh M.D	. 220 ADDRESS 411 Divis	sion Ave Hag	erstown, Md.
	22- PUBLAL OPENATIONS DEMOVAL	THE PLANE	133. MANE OF CEMETERY OF COLUMN	W TOOL LOCATION	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If He

Burial
Property Burial
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CITY OR TOWN

COUNTY

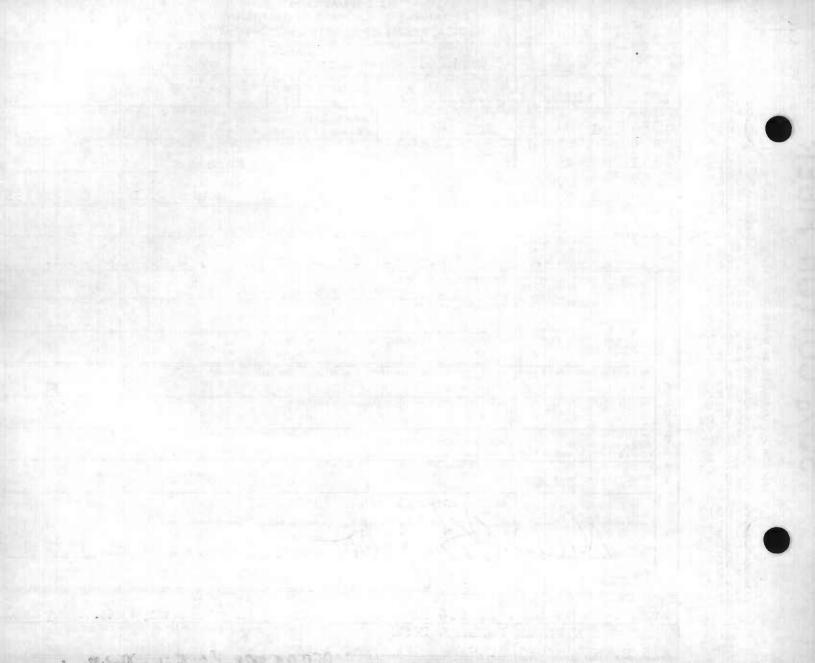
STATE

ADDRECTOR 2 St. Paul

250 DATE REC'D. BY REGISTRANDS ROBERAR SENANTURE M

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1			STATE	16/85		O 9 DEPARTMENT DICAL EXA	OF HEALTH	1.7	1.5	TLD "	066	)	
	WateMar	1. DE	REGISTRAR CEASED NAME E OR PRINT)	Austin		shard		FLEGI		20 DATE KNOWN OF ESTI-	S, NO.  N	DAY YEAR	26 HOUR
	PY, PLEAS DIRECTOR DUR FILE 22 HOUR DN STREE	i se	4 R	white	5. DATE OF BIRTH MONTH DAY Sept.8	YEAR LAST	(IN YEARS IF UN	DER 1 YR. IF UN		2c. DATE PRONOUNCED DEAD	12-15	DAY YEAR	5:00 P. W
•	NAME AND STREET	M BI	RTHPLACE (STATE (REIGN COUNTRY)	OR.	76 CITIZEN OF WE		11	ED NEVER M	ORCED	9. BALTIMORE CIT	ton Count	OF DEATH	MD
1	00	W	illiams	port	Rt. 2,	Box 142	DRESS)	er institution	FOR	UALOCCUPATION MOST OF WORKING LIFE) LYMET	(TYPE OF WORK 12b	OR INDUSTE	ISINESS
.2129	Section 3	13a S <b>M</b>	aryland	13b. COUN'	r other institution, GIV IY ington	134 CITY OR TO Willia	msport		X	Route 2	, Box ]	42 2	21795
BALTIMORE, ME	URS AFTER DEATH 8. GIVE PAGES IN WITH FORM PIN T. PAGES IND DIVISION OF WITH	16a V	ATHER'S NAME FIRST  Edwin VAS DECEASED EV ES. NO, OR UNKNOWN)  ES	ER IN U.S. ARA	WAR OR DATES)	Fle  16b SOCIAL SEC  214-09	CURITY NO.	Marga 17 INFORMANT	aret	ADDR		Long	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	INNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS FICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. (E FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WI TARE, PAGE 3 SHOULD BE USED AS A BURIAL-ISANSIT PERMIT RITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI LAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	PARTIDEATH  280  Conditions, gave rise	f any, which is immediate img the under-	E CAUSE (o)  DUE TO, OR  (b)	for (o), (b), and (c)  Plunt Tra  AS A CONSEQUE  AS A CONSEQUE	NCE OF	nary In <b>Head</b>	trace	rebral H	lemorrh	APPROXIMATE	INTERVAL
TAL RECORDS,	SHOULD BE EXECT ON PENDING" ON PENDING" ON PENDING FOR TO PENDING FOR HEALTH AND URIAL, CREMATIC	TIFICATION	PART 2 OTHER SIGNIFI		ONTRIBUTING TO DEATH	OUT NOT RELATED TO THE						20 AUTORSY: (Head ( YES XX	only)
DIVISION OF V	HIS CERTIFICATE SWRITING THE WC ARDED TO THE OACE 3 SHOULD BI ATE DEPARTMENT TO BE OFFICE OFFICE OFFICE OACE OACE OACE OACE OACE OACE OACE OA	MEDICAL CERTIFICATION	210. EXTERNAL C. UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	CAUSE OF DURRED OT WHILE X	PEATH PLACE C STREET, FACT HO	OF INJURY (AT HO ORY, FARM, ETC.) OME	YEAR 19 84 SU DME, 211 LOG S Rt	bject fe	ell dow	nature of injury in ite  on stairs  city or town  Vashingtor	M 18 PART 1 OR PART 2)	) 	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARKLAND, 2		22a I certify th death resulted A ACTUAL SKINATURE	1.13	e of the remains day	Coulons and Coulons	Suicide	y XX. Insp Homicide I IIII SPECE ASSIST	γ)	Inquiry , ermined manner .	ond in my apinis  ,  DATE SIGNED	12-17-	-84
	TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23a B	EXAMINER'S NA/ (TYPE OR PRINT) URIAL, CREMATION PECIFY)		nis F. Smy		OF CEMETERY OF	ADDRESS		St., Balt	to., Md.	2120	1
07/84 25M	BP	p.	urial	P	ec.19,19 CH FUNE	84 Res	t Have	cem.	На	gerstown REGISTRAR 25b. R	n, Wash.	, Mary	land
	(VR A15 ME (5))	4	15 E. W	ilson	Blvd.,Ha	gersto	wn,Md.	1740	- GP/4	Achia David	son-Asrphi	6 !	



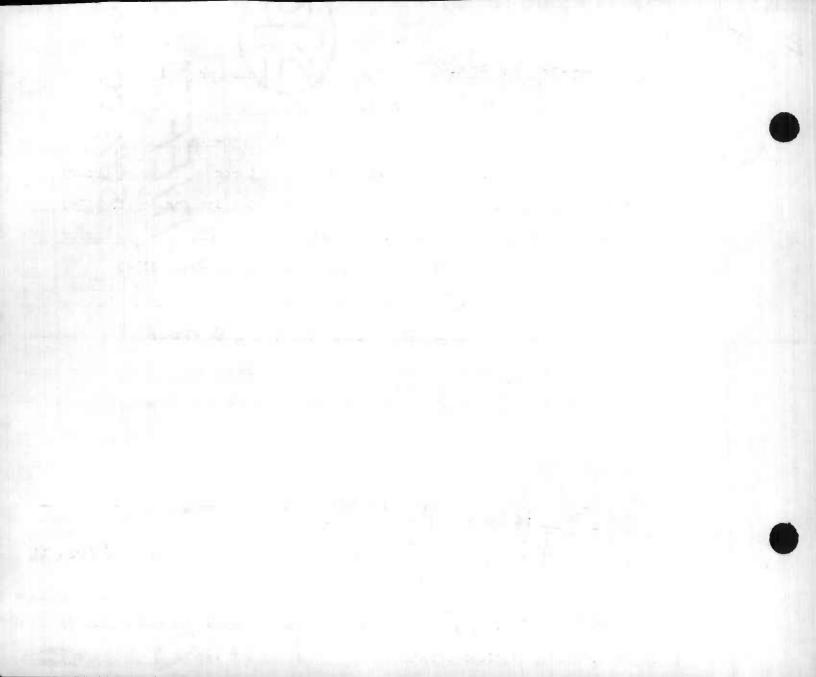
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after mark. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the function, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with TP from a other death with the State Dept. of Mealth and Mental Hygiene prior to buriol, cremotion, or removal.	IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumotic event, the medical expanine must be in titled at an energy
	TO HOSPITA	TO FUNERA should be de with the Stat	IMPORTANT

BP DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4	6	6	1
REG.	NO.			•

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		ENE 3	1 6	6	
		CEASED NAME OR PORT	FIRST ROL	ert (XXXXX	Brown	_	OLTZ Jr.		December 19	,1984		2h HOUR M
1	3 SEX		4.	RACE		5. DATE C	DAY YEA	AR	6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	HOURS MIN.
1		MAle		Whit	е	Apr		27	57	YRS.	Section	
1		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIE	D 🗆	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
	Ma	ryland		USA		WIDOWE	D DNORCE	D [X	WASHINGT			MD.
	10 CI	TY OR TOWN OF DEAT	Н 11		OSPITAL, NURSIN		OR OTHER INSTITUTIO	NC	120 USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
1	Ha	gerstown	V	Vashing	ton Count	ty Hos	spital		0wner		Nurse	ery
1	USUA 13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIM	VITS?	13e.STREET ADDRESS /	ZIP CODE		
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	14. FA	THER'S NAME		DDLE	LAST		15. MOTHER'S MAID	ENNAM			LAST	
6		Robert	Bro		Foltz	Sr.	Estel	la	Mae		Keet	fer
		VAS DECEASED EVER II	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS	_	
	(4	yes	WW 2		215-20-	7543	Nancy Gre	en/H	lagerstown, M	D 2174	10	
		18 CAUSE OF DEATH PART I. DEATH WA	Enter only S CAUSED		line for (o), (b), one		Anne	4			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
1			MMEDIATE		R AS A CONSEQUE							
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	- 1	underlying couse	lost.	(c)								
	NO	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMI	nal disease or cone	ITION GIVEN	N IN PART 110	
	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	IGS USED OF DEATH?
-	CERT	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21¢ HOW INJURY C	OCCURR	ED (ENTER NATURE OF INJUR			
1		OR CONTRIBUTING CA		HOUR A./	M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE C	OF INJURY		211 LOCATION		CITY OR TOV		COUNTY	STATE
	X	WHILE NOT WHILE	E 🗍	(AT HOME, STR	EET FACTORY, OFFICE, F	ARM, ETC 1	STREET		CITY OR TOV	VIN	COUNTY	STATE
	7	22a 1 certify that (	this hospito	ottended the	C- Pus	4	nd that in (my) (our) o	opinion d	eoth occurred on the do	te ond hour a		that (I) ( lost
		TA SONATURE O		I \	11. 11	1	DEGREE				22c. DATE	SIGNED
		Vax	K	INT	NX	+	ATTEND PHYSIC	DING	MEDICAL STAF	ANN	1191	Lac 8V
		224. PHYSICIANS NA	ME (YOU DED	((4))	LAN	1	22e ADDRESS					
		JURIAL, CREMATION, R	EMOVAL	23b. DATE	23 <sub>c</sub> N	AME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		10	
	(	Burial		Dec.22	1984 Ros	se Hi	Il Cemeter	٧	Hagerstown		naton	Maryland
	24 FL	JNERAL DIRECTOR			ADDRES			Se DATE				
		Major M.Os	borne	Willia	msport.MI	)	Audio and a	UE	24 984	Julia De	Million of	34 SELL



Dec. 19, 1984

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	TENE 3 4 6 6	2		
	December 17,	1984	26 HOU 9:1	-
.89	MON	INDER 1 YEAR	IF UNDER	24 HRS MIN.
	NBALTIMORE CITY OR COUNTY OF Washington	DEATH		MD.
al		IZE KIND OI INDUSTRY HO	spit	
s?	130.STREET ADDRESS / ZIP CODE 560 Salem Ave	enue	2:	1740
da	Änn	Lu	mm	
٠.	Wingerd, Hagers	stown	, M	d
		BETWEEN C	HR8	DEATH

ne couse per line for (a), (b), and (c), and (c)	2 - 3 HRS.
DUE TO, OR AS A CONSEQUENCE OF (b) SUSPECTED ACUTE MYOCARDIAL INFARCTION	3 - 4 HRS.
DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERIORSCLEROTIC CARDIOVASCULAR DISEASE	25 YR8.
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION O	SIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX

DEC.

COUNTY CITY OR TOWN

STATE

NO [

and that in (my XXr) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

> DEC. 18, 1984 WEST WASHINGTON STREET

HAGERSTOWN, MARYLAND

23d. LOCATION Hagerstown, Wash., Maryland Rose Hill Cem.

415 E. Wilson Blvd., Hagerstown, Md. 21740757

DHMH - 16 50M 4/B3 (VRA 15, 4)

burial

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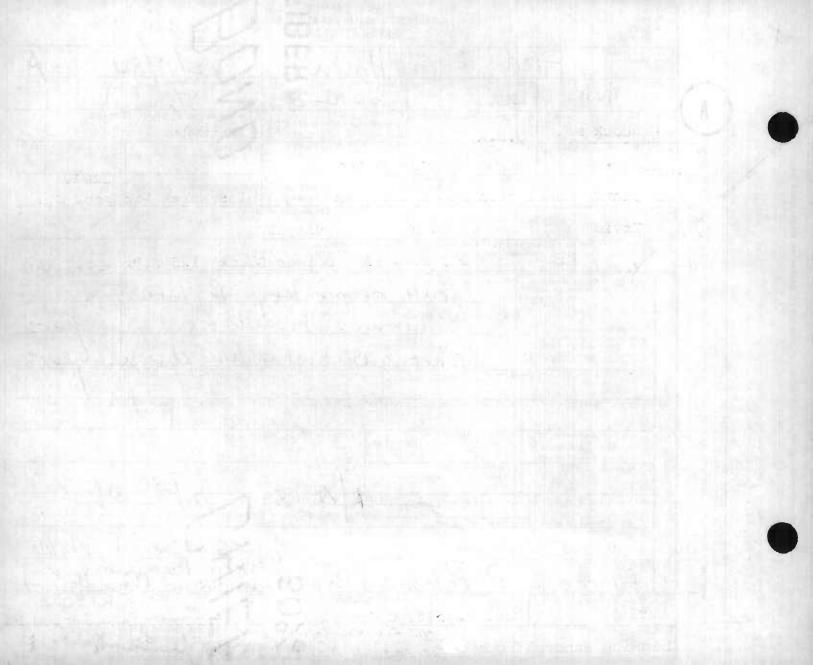


(VRA 15, 4)

STATE OF MARYLAND

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			STATE	E OF MARYLAND		
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y be		CEASED NAME FMET PO	ed Mode H	ahn		AY YEAR 126 HOUR PM
Poge 4 moy	3. SE	Mate !	White 5. Da'te'c		57 YRS. N	IF UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
leoth. P	I	Hancock Md.	U.S.A.   WIDOWE		9 BALTIMORE CITY OR COUNTY Washington	OF DEATH MD.
110//	H	lagerstown	. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Western Maryland Cer		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
35	13a S Ma	aryland Washi	ngton Hagerstown	YES 🔀 NO 🗌	13e.STREET ADDRESS / ZIP CODE 125 North Pr	ospect St.
811		THER'S NAME ITVIN	Hann	Virgil	WIDDLE	LAST
physicion and cr npapers. Pages moval. vent, the medica		VAS DECEASED EVER IN U.S. ARMEI (ES, NO OR UNKNOWN) YOS Army		Dorcas I	Black 125 N.P	rospect St.
n signed by the ottending Then please remove carbo reto buriol, cremation, ar re injury, ar other fraumatic e	ION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART'2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b) C NON  DUE TO, OR AS A CONSEQUENCE OF  (c) C NON  (c) C NOTRIBUTING TO DEATH BUT	Obstructive	chitis chitis lung disease inal disease procondition givi	
bwsgn	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH? NO  NO
os the buriol-tronsil	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED  WHILE OT WHILE AT WORK ALWORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY STATE
of Heo 21 is m		27a 1 certify that XI (this haspital) saw the deceased alive an above.	new the body after death.	DEGREE ATTENDING	death occurred on the date and hour	ond from the couses stoted  22c. DATE SIGNED
should be detoched with the Stote Dept IMPORTANT: If Item	230	THE PHYSICIANS HAME INTO THE PHYSICIAN SHAPE I	P. Kalomo	PHYSICIAN [220. ADDRESS   1500 Pen	JOIRECTOR PHYSICIAM STEPPEN Maryla  134 LOCATION MIN	nd Genter
	В	SPECIEWI -	Dec. 12,1984 Ced		City OR TOWN	Washington M
50M 4/83 15, 4)		INERAL DIRECTOR INNIECH Funeral	415 E. W.	ILSON BLVD, 250 DAT	E REC'D. BY REGISTRAR 236 REGISTE	



dettis denti derimum december 10, 1961 and the second second towns and the same a second as a second second Sangara malangan ber mara a a material material and brackers il modeli Styling Drawn Com 254 with the wife will - extended to morning to with a feet and and BEST STORY Whenthey of Floret HA 2001 The land of the state of the st To the Control of the State of requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. completely filled in by the funeral directors Jond 2 should be filed within 72 hours of

the attending physician and c remove carbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or remaval.

morked or them 18 shows any injury, or other traumatic event, the

MPORTANT: If Hem 21 is

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STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 0

	ECEASED NAME FIRS	Т	MIDDLE	U	AST	20. DATE OF DEAT	H MONIH	DAY		26 HOU	
ÇIYE	Ma:	ry	May	H	ARSH	Dece	ember	15,	1984	6	450
3. SE	X	4. RACE		S. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)		UNDER I YEAR	IF UNDER	24 HRS
	female	W	hite	MONTH	. 16. 1899	85		RS.	NIH5 DATS	ROURS	MIN
7 a. B	BIRTHPLACE (STATE OR FOREIG		F WHAT COUNTRY?	8		9 BALTIMORE CI			FDEATH		
	Virginia		U.S.A	WIDOWE	DINEVER MARRIED DINORCED	Wa	shin	gton			,
10 (	CITY OR TOWN OF DEATH		F HOSPITAL, NURSING	HOMEO	R OTHER INSTITUTION	120 USUAL OCCU	PATION		126 KIND C	OF BUSINE	
	Hagerstown		ashington		y Hospital	Aid Aid	OST OF WORK	ING LIFE)	INDUSTRY	ospit	a]
13a	Md.	ME OROTHER INSTITUTE COUNTY Wash.	136. CITY OR TOWN Hagerst		13d INSIDE CITY LIMITS? YES NO 🗌	13 STREET ADDR	ss / zip o	code alnu	t St.	217	40
4. F	ATHER'S NAME FIRST Henry	Thomas	May		15. MOTHER'S MAIDEN NA	ME Jai			St	ratto	n
60	WAS DECEASED EVER IN U.	S. ARMED FORCES	? 166 SOCIAL SECUR	ITY NO.	17. INFORMANT	A	DDRESS				
	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	215-34-40	31	Mr. Harry L.	Harsh 1	lager	stow	n, Md.		
	18 CAUSE OF DEATH (En	ter only one couse p	er line for (o), (b), and	(c ,)					BETWEEN	MATE INTER	VAL
	PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)_	Cercelia		owe Accide	Tras				کسالاد	
	Conditions, if any, while gove rise to immedia couse (a), stating the underlying cause later	te DUE TO.	OR AS A CONSEQUEN		the Organia	- Dicenç	۷		7	han .	3
	gove rise to immedio couse (a), stating the underlying cause la	te be DUE TO,	OR AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM			N GIVEN	I IN PART 1		
NOI	gove rise to immedio couse (a), stating the underlying cause la	te be DUE TO,	OR AS A CONSEQUEN	NCE OF				N GIVEN	IN PART 1		
TIFICATION	gove rise to immedio couse (a), stating the underlying cause la	DUE TO,	OR AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM		CONDITION 20b. IN C	IF YES, V	WERE FINDI	NGS USE	H?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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Dec.

24 FUNERAL DIRECTOR

N. Minnich.

**DHMH-16 20M** 

(VRA 15, 4) 7/78

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Rosedale Cemetery

Hagerstown, Md.

N. Potoma (256. DATE REC'D. BY REGISTRAP 256 REGISTRAP

DAY

IF UNDER I YEAR

INDUSTRY

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YES [

COUNTY

COUNTY

22c DATE SIGNED

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26. HOUR

HOURS

176. KIND OF BUSINESS OR

Health Care

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

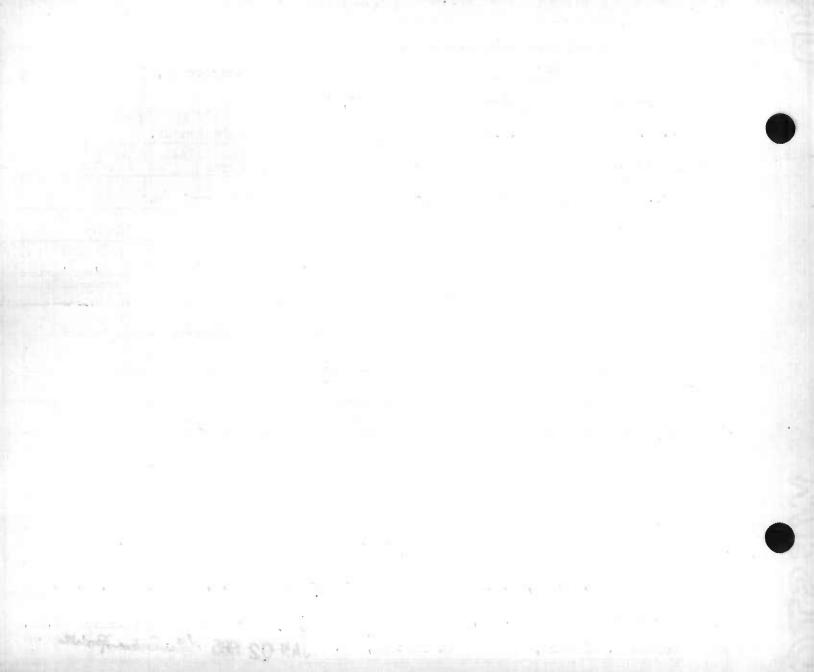
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IF UNDER 24 HRS

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# 15

- STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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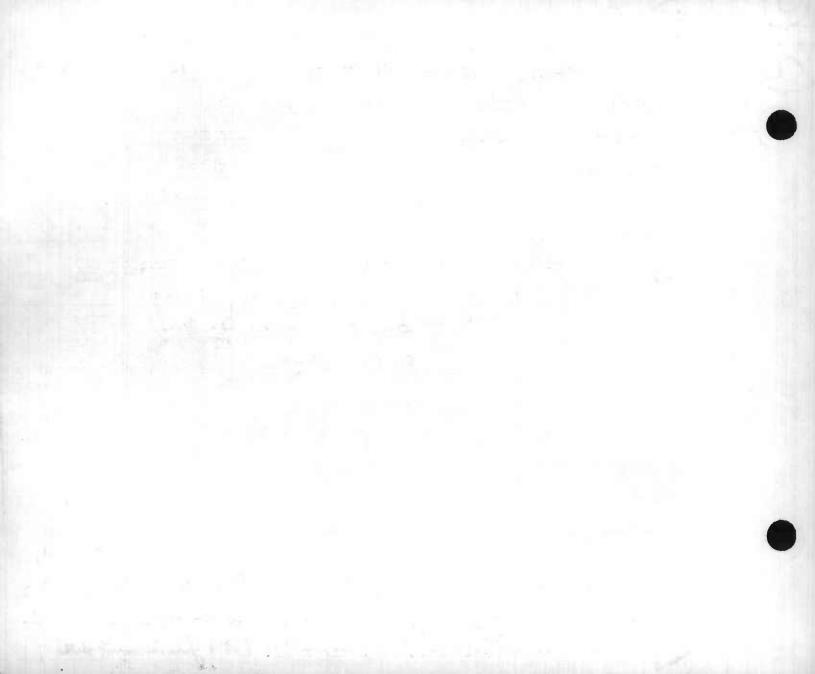
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4	N	ALEN	WHITE	Ξ	NOV	5,	1921	63		YRS	MONTHS DAYS	HOURS	M
10	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	X	MARRIED -	9 BALTIMORE	CITY OR C	COUNTY	OF DEATH		
54		Jirginia	U.S.	.A.	WIDOWED		NORCED	WASH	INGT	ON			
20		TY OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INS	STITUTION	126 USUAL OC			126 KIND C	F BUSIN	IESS
7	I	HAGERSTOWN		SHINGTO		HOSP		OFFIC		OKKII40 (III)	STA	TE	
2/	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INISIDE (	CITY LIMITS?	13e STREET AD	DPESS / 7	ID CODE	2	1-01	13
79		100.000	ASH,	HAGER		YES X	NO []	846 M	arsh	all	St	14	1
111		THER'S NAME	MIDDLE	LAST	1	15. MOTHER	S MAIDEN NAM		MIDDLE		1.0	6.7	
11		******	ALBERT	HINK	LE	MY	RTLE	,	WIDDLE		TRÎ	PLE	ΤТ
1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS				
1			VE WAR OR DATES)	214-1	0-030	Shi	rley H	inkle	S	ame	as #1	.3	
		18 CAUSE OF DEATH (Enter of	nly one couse ner	r line for (a). (b) a	ind (c).1	-					BETWEEN	ONSET AN	ERVAL ID DE A
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	(b) DUE TO, O	DR AS A CONSEOU	Coupe Sofsti	٤	Klea	d Fa	Jen	4			
C	ICATION	gave rise to immediate couse (a), stating the	(b)	PR AS A CONSEOU	Confe Softion DEATH BUT N	OT RELATE	D TO THE TERM	INAL DISEASE C	SY? 2	206 IF YES	ZEN IN PART 1	INGS USI	
9	TIFICATION	gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, O  (c)  CONDITIONS C	OR AS A CONSEOL	COLFED DEATH BUT N	OT RELATE	D TO THE TERM	200 AUTOPS	SY? 2	206 IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USI	ATH?
99	. CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(b)	OR AS A CONSEOL	UENCE OF SOFTION	OT RELATE	D TO THE TERM	200 AUTOPS	SY? 2	206 IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USI	ATH?
99		gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	(b) DUE TO, O (c) CONDITIONS COND	OR AS A CONSEOU ONTRIBUTING TO DITION FOR WHIC OF INJURY .M. MONTH [	DEATH BUT NO DEATH BUT NO DAY YEAR 19	WAS PERFO	ORMED	200 AUTOPS	SY? 2	206 IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USI	ATH?
99		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  196 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	(b)	OR AS A CONSEOL  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO	UENCE OF SOFTING TO DEATH BUT NO DAY YEAR 19	OT RELATE	ORMED  NJURY OCCURR	YES NED (ENTER NATUR	SY? 2	206 IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USI S OF DEA NO	ATH?
99	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost part 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (FETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI CAUSE COURSE OF DI C	(b)	ON AS A CONSEQUENCE OF INJURY  M. MONTH I  OF INJURY  REEL FACTORY, OFFICE	DENCE OF SOFTING  H OPERATION  DAY YEAR  19  FARM.ETC)	POT RELATE  WAS PERFO  ZIC HOW II  ZIH LOCATI  STREE	ORMED  NJURY OCCURR  ION  ET	YES NED (ENTER NATUR	SY? Z	206 IF YES IN CERTIF YE IN ITEM 18 P	S, WERE FINDI FYING CAUSE S PART : OR PART 2)	INGS USI	STATE
99		gove rise to immediate couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  AT WORK NOTIFY MEDICAL EXAMINI  22a I certify that (I) (this hosp	(b)	ONTRIBUTING TO	DENCE OF SOFT OF THE PROPERTY	POT RELATE  WAS PERFO  21c HOW II  21t LOCAT	ORMED  NJURY OCCURR  ION  E1	700 AUTOPS YES	SY?	206 IF YES	S, WERE FIND PYING CAUSE: S PART ( OR PART 2) COUNTY	INGS USI	STATE (we)
99		gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CITE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXA	DUE TO, O  (c)  CONDITIONS CO  19b. COND  21b. TIME CO HOUR A R)  21e. PLACE [AT HOME, ST	OR AS A CONSEQUENT OF INJURY  OF INJURY  M. MONTH I  M. OF INJURY  REET FACTORY, OFFICE  The deceosed from	DENCE OF SOFTING OF THE PROPERTY OF THE PROPER	WAS PERFO	ORMED  NJURY OCCURR  ION  ET	700 AUTOPS YES	SY?	206 IF YES	COUNTY	that (I)	STATE (we)
99		gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE ALWORK ALWORK  22a   certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did this in 27b. SIGNATURE)	DUE TO, O  CONDITIONS CO  19b. COND  21b. TIME CO HOUR A R)  21e. PLACE [AT HOME, ST  of) view the body	OR AS A CONSEQUENT OF INJURY  OF INJURY  M. MONTH I  M. OF INJURY  REET FACTORY, OFFICE  The deceosed from	DENCE OF SOFT IN THE PROPERTY OF THE PROPERTY	POT RELATE  WAS PERFO  21c HOW II  21f LOCATI  STREE	ORMED  NJURY OCCURR  ION  ET , 19	700 AUTOPS YES	RE OF INJURY II	206 IF YES	S, WERE FIND PYING CAUSE: S PART ( OR PART 2) COUNTY	that (I)	STATE (we)
99		gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CITE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXA	DUE TO, O  CONDITIONS CO  19b. COND  21b. TIME CO HOUR A R)  21e. PLACE [AT HOME, ST  of) view the body	OR AS A CONSEQUENT OF INJURY  OF INJURY  M. MONTH I  M. OF INJURY  REET FACTORY, OFFICE  The deceosed from	DENCE OF SOFT IN THE PROPERTY OF THE PROPERTY	POT RELATE  WAS PERFO  21c HOW II  21f LOCATI  STREE	ORMED  NJURY OCCURR  ION  ET  , 19  () (our) opinion of Physician Physician CSS	YES NEED (ENTERNATUS	STAFF PHYSICIA	206 IF YES	COUNTY	that (I)	STATE (we)
99	WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE ALWORK ALWORK  22a   certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did this in 27b. SIGNATURE)	(b)	ONTRIBUTING TO  ONTRIBUTING  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING  ON	DENCE OF SOFT IN THE PROPERTY OF THE PROPERTY	21c HOW III 21t LOCATI STREE  22e ADDRE	ORMED  NJURY OCCURR  ION  E1 , 19  ATTENDING PHYSICIAN  ESS  AHC	YES PED (ENTER NATURE CONTROL CONT	STAFF PHYSICIA  ON	206 IF YES	COUNTY	that (I)	STATE (we)

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this

OR ATTENDING



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALSHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTE 6:43 Orville HOLLAND December 12. 1984 Levi 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH 1911 Male White June 6, To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Matyland USA WIDOWED DIVORCED | WASHINGTON O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown Washington County Hospital Mechanic Brick USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Washington Rt.2 21795 Maryland Williamsport Doub Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Danie1 MIDDLE Holland Holtzman Levi Henrietta Mary ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-09-0984 (item 13 above) Ruth M. Apple APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 2 30 wh IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO CERTIFICATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (18 AND AND) attended the deceased from\_ March 59 Dec. 1984 Dec. sow the deceased alive on Dec 10, obove, (I) (wh) (and) (did not) view the body after death. \_\_\_, and that in (my) (Xr) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAJURE DEGREE 22¢ DATE SIGNED should be detache ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12-14-84 MPORTANT. 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Max E. Byrkit, M. D. 28 W. Potomac St. Williamsport MD 21795 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland Burial Dec. 15, 1984 Greenlawn Memorial pk WilliamsportWashington BY REGISTRAR 25 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Major M. Osborne Willaimsport, MD when Devidson- Randall (VRA 15, 4)

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FOR STATE

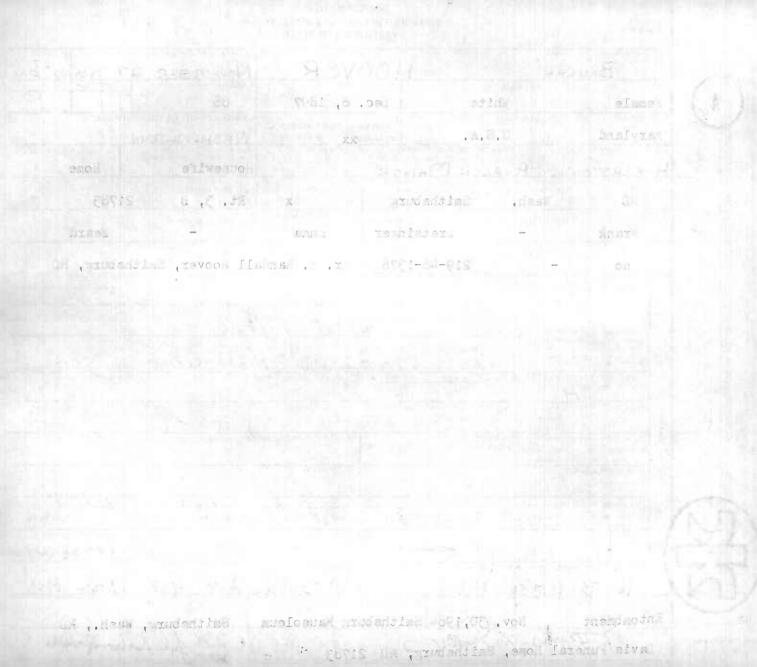
## STATE OF MARYLAND

4		REGISTRAR		CERTIF	CALE OF DEATH		REG.	NO.		
		CEASED NAME FIRST	WIDDLE	L	AST	2	DATE OF DEATH		DAY YEAR	26. HOUR
	(TTPE	Jane	Elizab	eth Ho	llis		Dec.	18	1984	4:50a
9	3 SE)	X	4 RACE	5 DATE O			AGE (IN YEARS LAST	BIRTHD AY]	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
		female	white	77	8 188	8	96	YRS.		HOURS MIN
-	Jar BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	1 9	BALTIMORE CITY	_	Y OF DEATH	24
5		est Virginia	USA	WIDOWE	DIVORCED		Washing			MD.
0		livor town of death	Clearview N	RSING HOME OF	Home	r E	No. USUAL OCCUP. TYPE OF WORK FOR MOS NOUSEWII		12b. KIND C INDUSTRY	of BUSINESS OR
5	13a. S		ATY 13c CITY OR T		13d. INSIDE CITY LIMIT YES 🛣 NO 🗌		362 Day		n Avenu	2/740 le
)		ATHER'S NAME FIRST Napoleon	B. Gordo	on.	IS. MOTHER'S MAIDE FIRST Jane		F.I i		h Weave	
	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT		ADI	362 D	aycota	h Ave
	()	YES, NO OR UNKNOWN) (IF YES, GIVE	e WAR OR DATES	96 920	Mrs. R	uth	Sites			
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	oresp	watny	Cole	lapse			ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	usel	enin				Ye.	an_
	NOIL	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CO	ONDITION GI	IVEN IN PART 10	a1
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	N WAS PERFORMED		YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
Î		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF I	JURY IN ITEM 18,	, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC.]	21f. LOCATION STREET	110	CITY OR	town	COUNTY	STATE
		220.1 certify that (1) (this hospi sow the deceased alive an	1 1- (1) 00		d that in (my) (our) op	inian dec	th accurred an the	date and ho		that (I) (we) last causes stated
		22b. SIGNATURE	Wan	us)	DEGREE ATTENDII PHYSICIA	NG D	MEDICAL PHY	FAFF SICIAN []	22c DATE	21/84°
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	7.1				
		Dr. J.B. Wil	.son		580 Nor	the	rn Ave.	Hage:	rstown	, MD.
	230 B	BURIAL CREMATION, REMOVAL			le Cemete	ORY	23d LOCATION			eley WV
	24 FU Rol	oert R. Rigot	Martinsbur	21 W.V		DEL	3 1 194		Davidson 1	

DHMH - 16 50M 7/77 (VR A 15 (4))

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Al ha J. miles		34	, V. a (1)	۰ ۰ ۰	0,13 .7 548 6.4	

	1	FOR STATE		DEPARTMENT OF	FE OF MARYLAND HEALTH AND MENTAL HY	GIENE 3 4 6	572
		REGISTRAR DECEASED NAME	FIRST	MIDDLE	FICATE OF DEATH	REG. NO.  20. DATE OF DEATH MONT	20.110011
	L	BEUL BEUL	-AH	HOO	OVER	NOVEMBER	27 1984 607
1		SEX	4. RACE		6. 8, DAY 1897 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1		Pemale  BIRTHPLACE (STATE ORF	Whit	F WHAT COUNTRY?	. 0, 1097	9. BALTIMORE CITY OF CO	YRS.
3/		COUNTRY) Maryland	U.S.	MARRIE	ED NEVER MARRIED	WASHINGTO	
J. Carlo		CITY OR TOWN OF DEA	ATH 11. NAME OF	F HOSPITAL, NURSING HOME ( UCH FACILITY, GIVE STREET ADDRESS)		128. USUAL OCCUPATION	126. KIND OF BUSINES
90	/ U	HAGERSTON	ING HOME OR OTHER INSTITUTIO			Housewife	Home
	13	MD	Wash.	13t. CITY OR TOWN Smithsburg	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	21783
10	14.	FATHER'S NAME FIRST Frank	WIDDLE	Kretsinger	15. MOTHER'S MAIDEN NA	AME MIDDLE	Beard
nedicol	160	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
e He		no	-	219-46-1376	Mr. E. Rand	all Hoover, Sm	APPROXIMATE INTER
other troumotic		Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which (b)_ mediate ag the DUE TO, (	OR AS A CONSEQUENCE OF	Renal fa	lune No losselos	262C VAS
ws any injury, ar other traum	MOLTATION	gave rise to immocause (a), statinunderlying cause  PART 2. OTHER SIGN	which mediate g the last. (b) DUE TO, (c) SIFICANT CONDITIONS (c)	9		200 AUTOPSY? 206	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT
shaws any injury, ar other traum	A) CERTIFICATION	gave rise to immodule couse (a), stating underlying couse  PART 2. OTHER SIGN  196. DATE OF OPERAT	which mediate g the last. (b) DUE TO, (c) DISTONDITIONS G	OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  DITION FOR WHICH OPERATION  OF INJURY  A.M. MONTH DAY YEAR	DN WAS PERFORMED	MINAL DISEASE OR CONDITIO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO
or Item 18 shaws any injury, ar other traum	MEDICAL CEDITICION	gave rise to immodule couse (a), stating underlying couse  PART 2. OTHER SIGN  196. DATE OF OPERAT	which mediate last.  Which mediate last.  WIFICANT CONDITIONS (c)  WIFI	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY? 206. YES NO 1	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO
8 shaws any injury, ar other fraum		gave rise to imm cause lat, statin underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNCOR CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OCCURRENT WAS UNCORDED TO THE SIGN OF CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OF CONTRIBUTING AT WORK AT WORK AT WORK AT CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OF CONTRIBUTING CIFETHER, NOTIFY WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT CONTRIBUTING CIFETHER, NOTIFY WORK AT W	which mediate graph and the last.  WIFICANT CONDITIONS	OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  DITION FOR WHICH OPERATION  OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  E OF INJURY  STREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUP	200 AUTOPSY? 200 IN 1  200 AUTOPSY? 10 IN 1  PRED (ENTER NATURE OF INJURY IN IT  CITY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY ST
or Item 18 shaws any injury, ar ather traum		gave rise to imm cause lat, statin underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNCOR CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OCCURRENT WAS UNCORDED TO THE SIGN OF CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OF CONTRIBUTING AT WORK AT WORK AT WORK AT CONTRIBUTING CIFETHER, NOTIFY MEDICAL INJURY OF CONTRIBUTING CIFETHER, NOTIFY WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT CONTRIBUTING CIFETHER, NOTIFY WORK AT W	which mediate light the li	OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  DITION FOR WHICH OPERATION  OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  E OF INJURY  STREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUP 216. LOCATION STREET  19. And that in (my) (aur) apinion DEGREE	200 AUTOPSY? 200 AUTOPSY? YES NO NOTE NOTION TO A TO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY STANDARD TO THE MET THE TOTAL PART 1 OR PART 2)  COUNTY STANDARD TO THE TOTAL PART 1 OR PART 2)  COUNTY STANDARD TO THE TOTAL PART 1 OR PART 2)
I them 21 is marked or them 18 shows any injury, ar other traum		gave rise to immodule to the course (a), statin underlying cause  PART 2. OTHER SIGN  196. DATE OF OPERAT  216. ACCIDENT WAS UNCOR CONTRIBUTING COURSE  216. INJURY OCCURE  WHILE NOT WHAT WORK  220.1 certify that (1)  saw the decease above (1) (we) (c)	which mediate g the last.    State   S	OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  DITION FOR WHICH OPERATION  OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  E OF INJURY  STREET, FACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUP 21f. LOCATION STREET  19 and that in (my) (aur) apinion	200 AUTOPSY? 200 IN 1  200 AUTOPSY? 10 IN 1  PRED (ENTER NATURE OF INJURY IN IT  CITY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY STORM 18 PART 1 OR PART 2)  COUNTY STORM 10 (I) (vind haur and from the causes storm 122c. DATE SIGNED
I: If Item 21 is marked or Item 18 shaws any injury, ar other traum	MEDICAL	PART 2. OTHER SIGN 190. DATE OF OPERAT 21d. ACCIDENT WAS UNCOR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d. INJURY OCCURRE WHITE NOT WAS UNCOCCURRE WHITE NOT WAS UNCOCCURRE AT WORK NOT WAS UNCOCCURRE 22d. Certify that (1) saw the decease above (1) (we) (c 22b. SIGN FILER	which mediate light the last.  WIFICANT CONDITIONS CONTIONS CONTIO	OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  DITION FOR WHICH OPERATION  OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  E OF INJURY  STREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUP 216. LOCATION STREET  , 19 and that in (my) (aur) apinibn DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  200 AUTOPSY?  YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY S  COUNTY S  19 11 , that (I) (videous and from the causes steel 22c. DATE SIGNED
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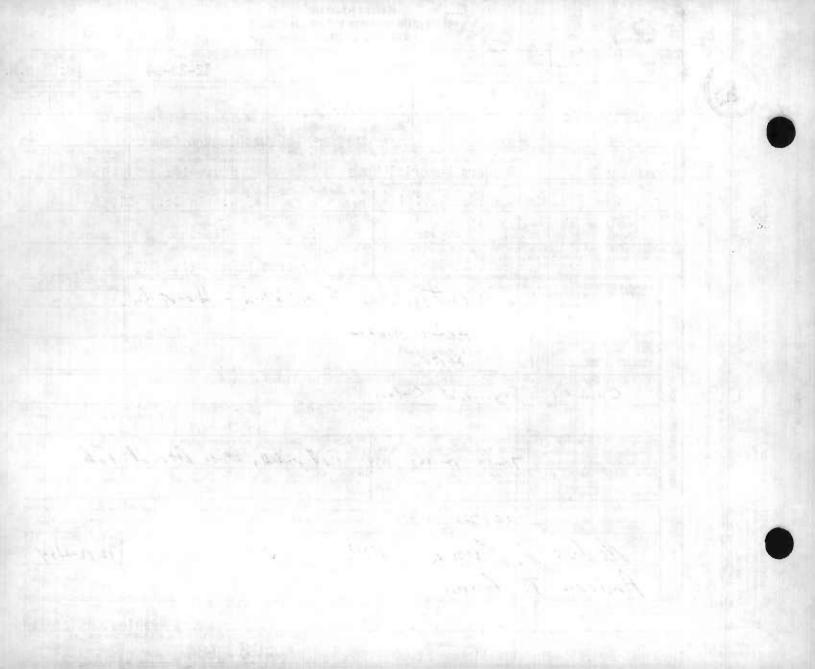


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH 7h HOUR (TYPE OR PRINT) 11/84 Jesse Foster HOUSER 7:000 M IF UNDER TYEAR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX Aug. 9, 1907 YEAR Male White BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington County. Maryland TISA WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Ravenwood Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE Plant Hagerstown Manager USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13 e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Keedvsville Route 1. Box 610A Washington NO X Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST Moore Houser Dora .Tesse Herman 316 Flack Street 16h SOCIAL SECURITY NO 17 INFORMANT Doris L. Seibert - Pittsburgh, Pa. 15210 214-09-7220 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: hisur & marsal Cordiac IMMEDIATE CAUSE (D) DUE TO OR AS A CONSEQUENCE OF Anteroschoote Cardio. Vosc Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS, A CONSEQUENCE OF horisones inous cointra underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION melli fus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [ YES [ 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LE FITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that ( (this hospital) attended the deceased from\_ 21 NOV 11 Dasc 10 84 IT Dec sow the deceased alive or obove ((1)) we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SICHIATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL m FUNERAL uld be deta PHYSICIAN PADIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23e. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Samples Manor Cem. ADDRESS Drawer C 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Robert L. Spencer - Harpers Ferry, WV 25425

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR [ TYPE OR PRINT) Florence KAETZE Acnes & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH female white 13, 1904 Jan. 80 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland USA Washington DIVORCED [ WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Ravenwood Lutheran Village TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hagerstown housekeeper St.Mary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Hagerstown 1207 Ravenwood Heights Washington NO X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE Christina Timothy Donovan ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. LIE YES GIVE WAR OR DATES Mrs. Barbara Dunn, Louisville, Ky. 214-32-4448 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN-CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 78n AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) 22a.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an\_ and that in (my) (our) apinian death accurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS the b 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY burial Hagerstown, Wash., Maryland Dec.19,1984 Rose Hill Cem. 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



## . DECEASED NAME (TYPE OR PRINT) oan 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACIEITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) None COUNTA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? (tour NO [ 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE FIRST lohn Kennedy Vesta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ä IN CERTIFYING CAUSES OF DEATH? NO Нув 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE + ATTENDING MEDICAL PHYSICIAN 4 DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 5 8 MPORT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN

FOR

Burial

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Eline Funeral Home

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Moreland Memorial

Reisterstown. Md

REG. NO

2b. HOUR

12h KIND OF BUSINESS OR

BETWEEN ONSET AND DEAT

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STATE

IF UNDER 24 HRS.

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Baltimore. Md 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN TURE OF THE DAY SON TO THE DAY

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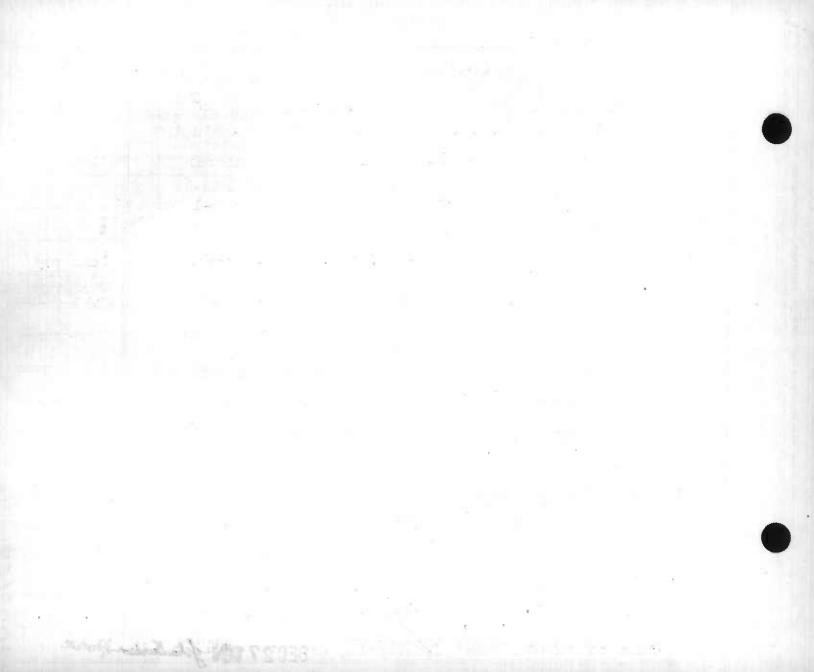
22c. DATE SIGNED

20 DATE OF DEATH



STATE OF MARYLAND

FOR



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IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1.	FOR STATE			EALTH AND MENTAL HYGI	ENE 3 4 6	1 4
	CEASED NAME FIRST	Grub	DDIE	AST .	REG. NO.  20. DATE OF DEATH MONTH  /2	22 84 5 A M
1.58	× F	RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  50 YRS.	# UNDER LYEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 7) LOUNTRY) LOUNTRY	U. S.	HAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Washington	OF DEATH
Ke	edysville	Rfd. 1	DSPITAL, NURSING HOME C FACILITY, GIVE STREET ADDRESS) BOX 63	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Postmaster	IZE KIND OF BUSINESS OR INDUSTRY  U. S. Mail
Ma		Y 1.	TVE RESIDENCE BEFORE ADMISSION)  36 CITY OR TOWN  Keedysville	13d. INSIDE CITY LIMITS? YES NO	Rfd. 1 Box 63	21756
14 F#	Eddie Wat	tson	Scott	IS. MOTHER'S MAIDEN NAM	MIDDLE Thelma	Gruber
No.	WAS DECEASED EVER IN 1.5 ARM YES, NO OR UNKNOWN)	STATE OF THE PARTY	66 SOCIAL SECURITY NO. 218-34-3716	Mr. Elden G.	Kinna, Keedysvi	lox 63
TION		DUE TO, OR A  DUE TO, OR A  CONDITIONS CON	AS A CONSEQUENCE OF ME  AS A CONSEQUENCE OF ME  ATRIBUTING TO DEATH BUT		brain long	VEN IN PART I 10.
CERTIFICATION	196. DATE OF OPERATION	190. CONDIT	ON FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOTIFY MORE AT WORK	P.M. 21e PLACE OI	. MONTH DAY YEAR	216. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART ?)  COUNTY STATE
	27a. I certify that (I) (this haspita saw the leceased alive 22- above, (I) we) (and)(did Ad)	view the body of	Heijdeuth 19 84 , or	DEGREE ATTENDING		19 4. that (II) (we) lost of and from the causes stated
	BURIAL, CREMATION, REMOVAL (SPECIEY)  Burial	12-24-		w Cemetery	Keedysville,	Wash. Co., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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John H. Bast, Jr. Boonsboro, Md. 21713 DEC 2 6 1884 Charles Signature

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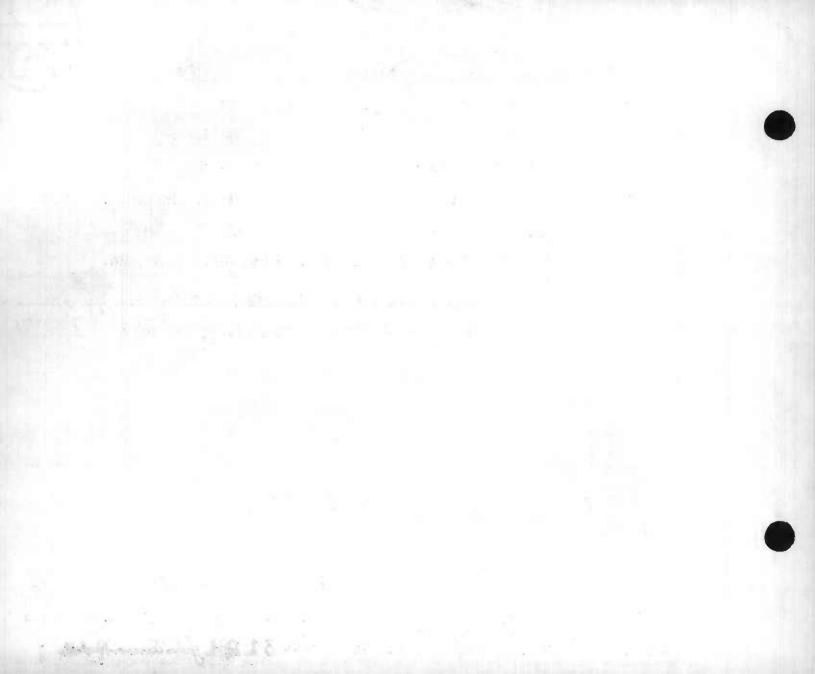
Maryland Mahlarton Teadraville X 200.3 Box 58 21755

Brist 12-20-50 Filevier Ceneraly Yearshie, resh. Co., M. Mond H. Scen, Jr. Boonsbore, M. 21713

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME Gleridora 20 DATE OF DEATH 26. HOUR (TYPE OR PRINT) MARCELL KIrbe & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER ! YEAR MONTH August 11, 1913 white female YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Washington Maryland WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS Washington County Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) housewife INDUSTRY Hagerstown 13d. INSIDE CITY LIMITS? 18 W. Church St. Williamsport 21795 Maryland Washington YESX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Sarah Foster Ellen Hoover Bowers ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-24-1281 Boyd G. Kirby, Williamsport, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Hoero carcino ma IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate to), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 | certify that (1) this haspital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMAT Williamsport, Wash., Maryland burial Dec. 29, 1984 Greenlawn Mem. Park

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Helath and Mental Hygiene prior to burial, cremation, ar removal. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Helath and Mental Hygiene prior to burial, cremation, ar removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
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BP. DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE
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15	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).			
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1	طئا	Male	4 RACE	,	5. DATE C	DAY YEAR	6 AGE LINYEARS LAST BIRT		IF UNGER I YEAR	HOURS	24 HRS MIN,
	We	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Washing	COUNTY Con Co	of DEATH unty		MD.
1		TY OR TOWN OF DEATH  AGES TOWN  AL RESIDENCE (# NURSING HOME OF	( IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	te (home)	Vorker-Mac	WORKING LIFE			SSOR
1	13a. S Ma	arvland Was	hington	Hagerst	N	13d INSIDE CITY LIMITS? YES X NO   15 MOTHER'S MAIDEN NAM	2022 Virgin	zip code nia Av	renue -	2174	10
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			MED FORCES? (E WAR OR GATES)  d Was II	233-18-	_	Dorothy Bates	ADDRE S Knighten			d. 21	
	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONU		EN IN PART 100		
	CERTIFICATION			TION FOR WHICH	OPERATIO		YES NO	IN CERTIF	YING CAUSES	OF DEATI	H?
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	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TOV	γN	COUNTY	51	TATE
		27a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no		19		, 19, 19	, to death occurred on the do		and from the		
			aldron			MA ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		12/1	9/84	
		DR. WA	L DRS			1380 AN	TIETAMST	, Had	gerstro	1 'Ver	nd
	- (	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			oseda		Martins bu				ATE
	24 FL	UNERAL DIRECTOR	Minnich,	Hagersto	own, Ma	aryland			RAR'S SIGNAT		gr

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(VRA 15, 4)

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,tT	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3			
		CEASED NAME FIRST OR PRINT) Edward	niddle D.	KREM B	DEC 8-19	12 HOUR TO NOT A			
	3. SEX	Male	4. RACE White	5. DATE OF BIRTH Sept. 16 1906	9. 7102 (11. 12. 11. 11. 11. 11. 11. 11. 11. 11.	IF UNDER 1 YEAR IF UNDER 24 HRS			
178 But Po	(	RTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.C.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED M DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Washington County				
1 1 1 1 1 M		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII UF NOT IN SUCH FACILITY, GIVE STREET WESNINGTON CO	ADDRESS) Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Mail Carrier	126 KIND OF BUSINESS OR INDUSTRY Service			
MARYLAND 2120 and within 24 hours maintening filled to by and 2 shoold he fill and 2 shoold he fill	13a. S	STATE 13b. COUP	other institution, give residence before NTY 13c CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2750 Virginia Av	e. 21795			
MARYLA and with a wind and 3%	14. F.A	ATHER'S NAME FIRST  Edward	MIDDLE LAST Kremb	is mother's maiden na Laura	A. Th	omps on			
BALTIMORE, cote be secured co open Pages I wol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			. 2 Box 363 ort ,Md. 2179			
DS, 201 W. PRESTON ST., quires that the death certifusigned by the attending phen please remove carban to burial, remotion, or reminiury, or other traumatic even	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	Except of personal		EN IN PART Ito			
At RECOR	MEDICAL	19a DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir rottending physicion.  Wher this certificate has been signs the buriol-tronsit permit. Then the hand Mental Hygiene prior to be increased or term 18 shows ony injury norked or term 18 shows ony injury.		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 710. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE			
PITAL OR ATTEND by the hospital or HERAL DIRECTOR: A so detached for use State Dept of Hee ANT: if hem 21 is m		sow the deceased alive on	view the body ofter death.	DE GREE ATTENDING	death occurred on the date and hour  MEDICAL STAFF  DHRECTOR PHYSICIAN	12 9 SG			
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the State I IMPORTANT; if	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	SSTOWN 1				
BP		Burial UNERAL DILL TOR	12/11/1984	Harbaugh Church Ce	Washington Tw				

Waynesboro, Penna.

DHMH - 16 50M 4/83 (VRA 15, 4)

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certificate be

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the ending physician. inding physician and campletely filled in by the funeral director carbonpapers. Pages 1 and 2 shauld be filed within 72 hours of

this certificate has been signed by the attending physicia he burial-transit permit. Then please remave carbonpapers.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

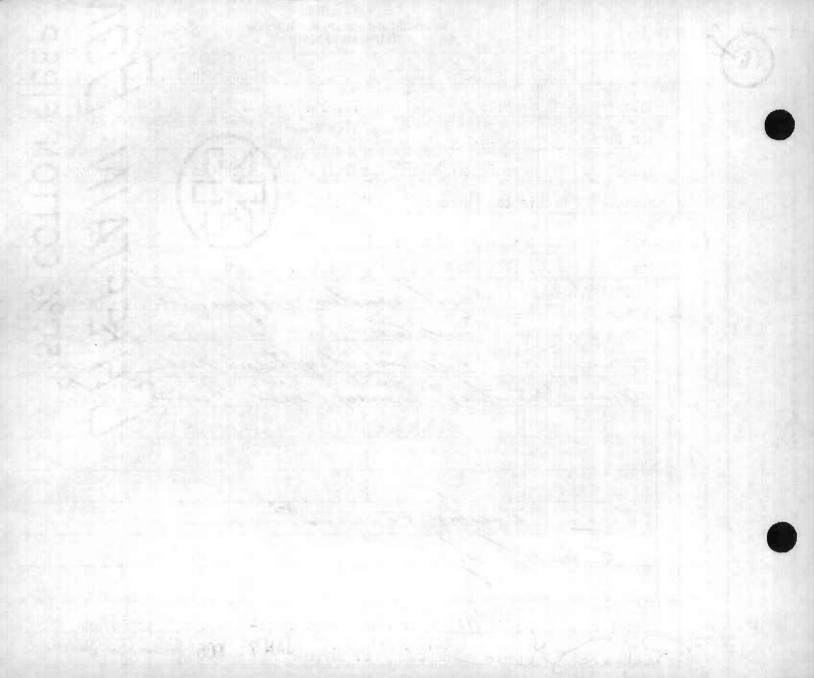
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 SEX  Male 70. BIRTHPLACE (ST COUNTRY) Marylan	WILLI	AM JOS	SEPH LA	ANDERS		1			20 11000
Male 70. BIRTHPLACE (ST				HIVITERS		December 16, 198		DAY YEAR 26 HOUR	
70. BIRTHPLACE (ST		4. RACE S DATE O						IF UNDER TYEAR IF UNDER 2	
COUNTRY) _		White June		19, 1913 <sup>EAR</sup>	71		MONTHS DAYS HOURS		
	70. BIRTHPLACE (STATE OF FOREIGN		7h CITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON			
		U.S.A.   widowei  11. NAME OF HOSPITAL, NURSING HOME O  UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Washington County Ho			D DIVORCED				
Hagers to	wn								ent
Maryland	13b COUN		Hancock		13d INSIDE CITY LIMITS?	13. STREET ADDRESS Rt.#1	21750	E	
14 FATHER'S NAME Cliffo	rd		anders		15. MOTHER'S MAIDEN NA Mollie	WIDDLE		Reel	Т
160 WAS DECEASED  (YES NO OR UNKNOW  YES		MED FORCES? E WAR OR DATES)	220 05 (		Violet L. La	anders Sam	e as	13	
cause (a),	ony, which immediate stating the cause last.	DUE TO, OR	AS A CONSEQU	- 4	dish?				14_
cause (a), underlying PART 2 OLUE	stating the couse last.	(c)	Parcer NURIBUTING TO THE PLES	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YE	VEN IN PART IS	
WEDICAL CORRECTION  PART 2 OTHER  PART 2 OTHER  PART 2 OTHER  190. DATE OF O  210. ACCIDENT W. OR CONTRIBUTION (HE FITHER NOTH)  WHILE AL WORK	D immediate stating the course last.  R SIGNIFICANTO  PERATION  AS UNDERLYING  G CAUSE OF DEA  TY MEDICAL EXAMINER:  CCURRED	(c)	INJURY  MONTH D.  IF INJURY  ET, FACTORY, OFFICE, F	DEATH BUT IN OPERATION AY YEAR 19	any Ones	200 AUTOPSY? YES NO	20b. IF YE IN CERTII YE URY IN ITEM 18	FYING CAUSES ES	

DHMH - 16 60M 7/84 (VRA 15, 4)

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Grantsville, MD

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DHMH - 16 50M 1/81 (VRA 15, 4)

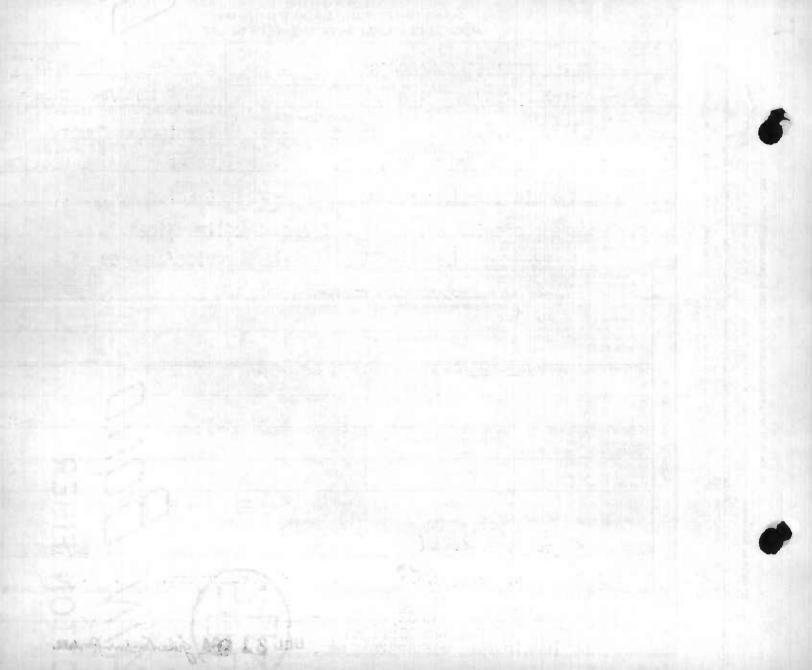
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				S	TATE OF N	ARYLAND			
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1		STATE REGISTRAR	M	EDICAL EXAM	INER'S C	ERTIFICATE	OF DEATH RE	EG. NO.	
	1. DE	CEASED NAME FIRST		MIDOLE		LAST	20. DATE KNOV		DAY YEAR 8 36 HOUR
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88888	3. SE 2	ALICE	CHRIS	NA MARQU		DER 1 YR. LIF UND	ER 24 HRS. 2c DATE	MONTH	9 19 84 a M
# W	J. JL/		MONTH DAY		THOAY MONTH		MIN PRONOUNCED	12/19/84	
150550		emale White			YRS.		DEAD		17 100
图案4章图/	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF	CITY OR COUNTY	OF DEATH				
DAGE 21	LL	Place Ill.	U.S.A		WIDOW	ED DIVO	RCED Washir	aton Co	unty MD.
OOS HEER	ID C	TY OR TOWN OF DEATH		OSPITAL, NURSING HO		ER INSTITUTION	120. USUAL OCCUPATION	N (TYPE OF WORK 12h	OR INDUSTRY
SA PAGE	1 на	gerstown		Salem Ave	Fxt		Teacher	[	Education
Mana na	₩SU/	AL RESIDENCE (IF IN NURSING HOA	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADA				01	740
AND 3 PETAIN PET		TATE 13b. COI		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO [		om AvoZI	.44 <u>U</u>
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MO THE WO	1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST
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S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter	only one cause per li	ne for (a), (b), and (c).	)			7.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI V 24 HO N ITEM I ALONG ALONG IT PERM I'T		PART I DEATH WAS CAU	SED BY: IATE CAUSE (o)	Metastatic	Carci	noma (Co	de 199)		years
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ECO ENDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI ME	CERTIFICATION	IA DAYS OF OREDAYION	Transport		050.5.5.				
AL N	2 €	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?
SHORT SHOW	1 1							19	YES NO 🔀
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NO SECOND	3	CONTRIBUTING CAUSE C		.M. 19					
ASSISTER TRANSPERSE	MEDICAL	21d INJURY OCCURRED		E OF INJURY (AT HOM ACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNT	TY STATE
DIN COE	2	WHILE AT WORK THE	SIRCE!, F	ACTORY, PARM, ETC.		INCL	CHTORIOWN	COUNT	Y SIAIE
DIVISION OF VITAL REI  BIVER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TTOR: PAGE 3 SHOULD BE USED A TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA								75-10 E-10	
A S S S S S S S S S S S S S S S S S S S		226. I certify that I taak ch					tian 🗶 , Inquiry 🗶 ,	and in my apini	an
MAN BE	10	death resulted fram: No	turol causes	Accident .	Suicide L_	, Homicide	Undetermined manner	L.,	
WAY WAN		ACTUAL A	1 11/11	20, 601		TITLE (SPECIFY)		DATE	10/01/04
AESES -	-	SIGNATURE	geen of .	conting	M	Deputy	MEDICAL EXAMINER	SIGNED.	12/21/84
WOO WE SEE		EXAMINER'S NAME.		M D		EOO	Mostham Arm	Una M	3 21740
TO MEDICAL EXAMINER: THIS CERENCULE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED AFTER DEATH, WITH THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE STATE DEBRITIMORE, MARYLAND, 21201 PER PAGE 10 MIN THE PE		(TYPE OR PRINT) HOWA					Northern Ave.	, nay. M	7. 21/40
<b>505149</b>	23a B	URIAL, CREMATION, REMOVA	236 DATE			RCREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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(VR A15 ME (5))	1	601 Pennsylv	ania AV	- Hagers		Md. WEU	31 094 guli	- Deviden A	arphalls.
20AA 4/R2									



OR ATTENDING PHYSICIAN: The low requires that the death certificate be

or attending physician.

completely filled in 57 fills in 57 fills

IMPORTANT: If Hem 21 is marked or item 18 shaws any injury, or ather traumatic event, the medical Exam TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

## STATE OF MARYLAND

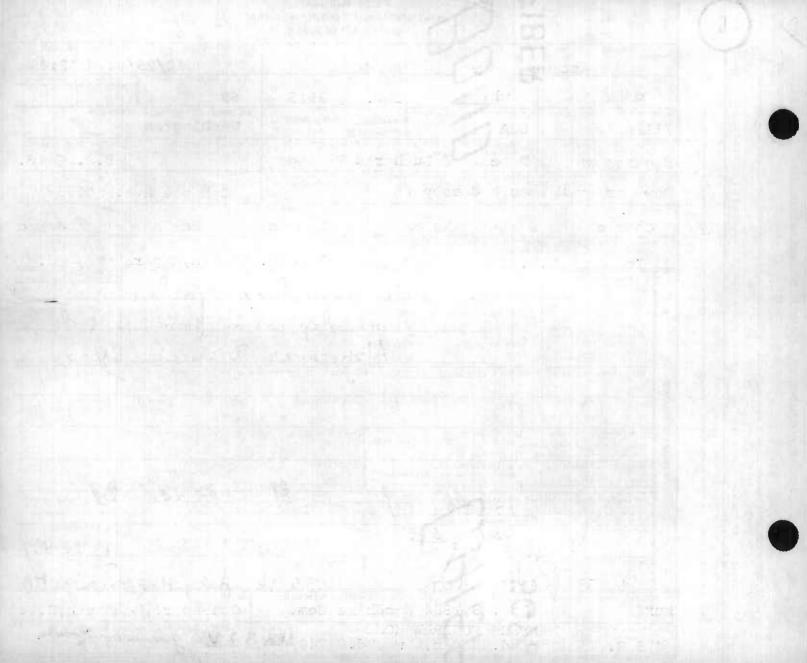
	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	GIENE	3 4	6 8	2 7		
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₫	100	CONHUMA										
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		THER'S NAME			O WII	15. MOTHER'S MAIDEN NA	ME		7 - 22 - 0			
	T	Benjamin Fr	anklin	Graves	777 7			Smith				
	16a V	VAS DECEASED EVER IN U.S. A	MED FORCES? 166 SOCIAL SECURITY N			17. INFORMANT		ADDRESS		. Md.		-
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1	A CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M	. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR				et .	NO []	
	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O		19 ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	9	COUNTY	STATE	
		226.1 certify that (1) this has a special property of the prop	on 2 //	. / 6	-	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL			-		
1000		BURIAL, CREMATION, REMOVA SPECIFY) Burial	236 DATE			EMETERY OR CREMATORY  ill Cemeter	y Hag	gerstow			Md. STATE	=
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH HINOM 2b. HOUR (TYPE OR PRINT) 84 Arthur 12:450 M MASON IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH male white 7, 1915 69 Oct. To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington USA Illinois WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Ravenwood Lutheran Village LTYPE OF WORK FOR MOST OF WORKING LIFE! U.S. Hagerstown Govt. USUAL RESIDENCE (IF NURS oceanport 130 STREET ADDRESS / ZIP CODE 18 Maple Ave. 13d. INSIDE CITY LIMITS? Monmouth New Jersey 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Charles Earl Mason Mattie Belle. Anderson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JoAnne M. Little, Hagerstown, Md none W.W.TT Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (by, and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE O underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from 12-206 sow the deceased alive an\_ und that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 77# ADDRESS 22d. PHYSICIAN'S MAME THE COMME 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY burral Dec. 29,1984 Woodbine Cem. Oceanport, Monmouth, N.J. DATE REC'D BY REGISTRAR BY REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME DHMH - 16 50M 4/83 415 E. WilsonBlvd., Hagerstown, Md. 21740 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 6 8 9

		REGISTRAR		Cl	ERTIFICA	TE OF DEATH	REG. NO	0.	9 /	
		CEASED NAME LEFEST	ROY CHEST	ER Maci	AY	ay	12/12/84	NONTH OAY	L 84 26	8 A
	3 SEX	MALE	4 RACE WHITE		2/22	/1920 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	THS DAYS HO	UNDER 24 HRS DURS MIN.
6	MAF	RTHPLACE (SLATE OR FOREIGN  OLINIEY)  AND  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT  U.S.A  11. NAME OF HOSPI	,	DOWED	DIVORCED	9. BALTIMORE CITY OF WASHINGT	ON COU	NTY 126. KIND OF BI	MD.
4	HAG	SERSTOWN AL RESIDENCE (IF NURSING HOME OR	WASHING	ON COUNTY, GIVE STREET ADDR	TY H	OSPITAL	PAVER		CONST	RUCTION
8	13a S MI	D. WASH		GERSTO	VN 13d. YE	INSIDE CITY LIMITS?  S NO X  MOTHER'S MAIDEN NAM	RT#3 BO	X 308	2174	40
10	FF	RANK	MED FORCESS 114 S	CCLAY		MABLE	MIDDLE	22	"ALBE	RT"
			re war OR DATES)  21  Ily one couse per line to	3-18-90		ENDA MCCL	AY/SAME A	s 13e	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DE ATH
	z	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  CONDITIONS CONTRI	CONSEQUENC	Egler	rove Ob g diseas	shuchue INAL DISEASE OR CONI	DITION GIVEN	IN PART Ito	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION W	AS PERFORMED	200 AUTOPSY?		VERE FINDINGS	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a 1 certify that (1) (this hosp sow the decessed of e or e. (1) (we) (did) (find not the contribution)	P.M.  21e. PLACE OF IN. (AT HOME STREET, FAC	JURY CTORY, OFFICE, FARM	YEAR 19 211	LOCATION STREET  19 of in (my) (our) opinion of	CITY OR TO	wn 19.	COUNTY . tho	
1		THE COLOR OF COLOR	A UL  PRINT) KASS	A	120 L	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAF		egent	184
	230 B	durial, cremation, removal specify) JRIAL	12/15/8	4 Res		tery or crematory en Cemete	ry Hagers	town, w	vash. 7	VD STATE
	24 FL	OI TENNS THAVE	N FUNERAL	CHAPE	L	n, Ma. Co DAT	7.00 gui	256 REGISTRAI	R'S SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical extended TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove corbangagers. Pages 1 and 2 showth the State Dept of Health and Mental Hygiene prior to buriol, crematian, or removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME Arthur 20 DATE KNOWN McKenrick (TYPE OR PRINT) OF ESTI-DEATH MATED SEX AGE (IN YEARS | IF UNDER 1 YR DATE LAST BIRTHDAY) MONTHS PRONOUNCED Male White Dec. 8. 1918 DEAD 66 RS BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COU MARRIED NEVER MARRIED OREIGN COUNTRY U.S.A. DIVORCED X Pennsylvania
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Carpenter Hagerstown Construction Washington County Hospital 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hagerstown 50 Summit Ave. 21740 Washington Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE HOURS AFTER TAL 18. GIVE PAGES Bernard McKenrick Katherine Baker ADDRESS Waynesboro, Pa. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 189-09-6995 149 N. Potomac St. WW Mrs. Betty J. Reed Yes 18 CAUSE OF DEATH (Enter only one cause per line form), (b), and (s). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN PAGE 4 SHOUID BE FORWARDI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE D BALJIMORE, MARYLAND, 21201 AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy and in my opinion death resulted from: Notural causes Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 12/17/1984 Calvary Cemetery Washington 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Waynesboro, Penna.

36 1998 36 polici nel venum mevalinam provisibile. holy over 1000 11-7-30-12-1 Owig . we share to a same of the contract of t 199-4995 Eru. Ert. J. Leet 119 T. William THE SECTION OF THE PARTY OF THE PROPERTY OF TH Artel 17/19th Calvery Cena sary ... caning on the ... caverite, in William Managero, Feans. Util a A Bla Schalling Springer

DHMH - 16 50M 4/82 (VRA 15, 4)

A.K. "Coffman Funeral Home, Inc., Hagerstown, Mdngc 4 740001

24 FUNERAL DIRECTOR

STATE OF MARYLAND

26. HOUR

176 KIND OF BUSINESS OR

277/0

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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3		1.	FOR - STATE REGISTRAR			DEPARTMENT	STATE OF MA OF HEALTH A RTIFICATE	AND MENTAL HY	0 %	3 4 REG. NO.	6 9	2
7			E OR PRINTI	FIRST	< Irene		M:11	5	2a DATE OF DE	ATH MONTH	DAY YEAR	12 HOUR N
	( 6	SE.	x Female	4	RACE Come			8 - 87	6 AGE (IN YEARS	(AST BIRTHDAY)  7  YRS	HEUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
•	meral thr	4	IRTHPLACE (STATE OR FOR	REIGN 7b.	U.S.A.	M	ARRIED NE	VER MARRIED DIVORCED		city <u>or</u> county		MD
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AND 213	filled in hould be	13a Ms	aryland	36 COUNTY	13c. C1	SIDENCE BEFORE ADMI	1   13d. INS		RFD-1	DRESS / ZIP CODI	-	1711
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TIMORE	on and con s. Pages		WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W	AR OR DATES	2-74-32		David	Mills	Chamber		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	thot the death ce by the ottending cose remove corb of, cremotion, or r r other troumotic		Conditions, if any, s gave rise to imme cause (a), stating underlying cause	diote	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)							
ORDS, 20	een signed it. Then ple ior to burie	ATION	PART 2. OTHER SIGNII	ic	Aple CONTRIB	ytic	leuk	Leuniz			VEN IN PART 110	
TAL REC	icion.  Ite hos bee nsit permit.  rgiene prior	CERTIFICATION	21a ACCIDENT WAS UNDER		21b. TIME OF INJU			OW INJURY OCCU	YES N	O K IN CERTI	FYING CAUSES	
ION OF VI	nding physici nding physici his certificate e buriol-transi d Mental Hyg lor Item 18 sh	MEDICAL CI	OR CONTRIBUTING CA-	USE OF DEATH	HOUR A.M. M P.M.   21e. PLACE OF INJI (AT HOME STREET, FAC	URY DAY	YEAR 19 21f LO	CATION STREET		ITY OR TOWN	COUNTY	STATE
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	the hospit L DIRECTO stocked for e Dept. of if frem 21		obove, (I) (we) (die	) (did nat) v	new the body after d	leoth.	DEGREE W		MEDICAL	10	22c DATE	

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Dec. 15,84 Stone Bridge

d location city or town Millstone

Wash. Md.

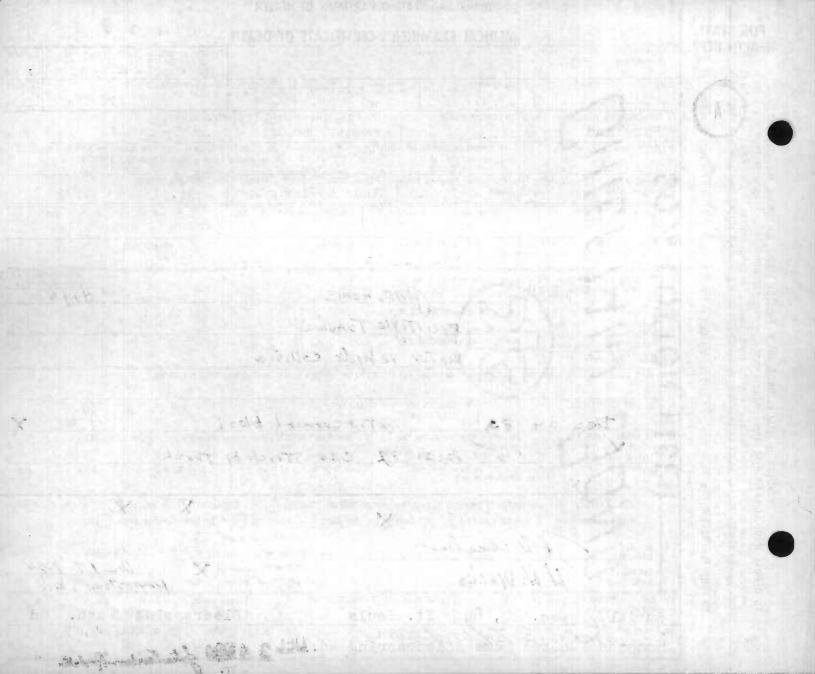
DHMH - 16 60M 7/84 (VRA 15, 4)

Burial, CREMATION, REMOVAL

33h. DATE

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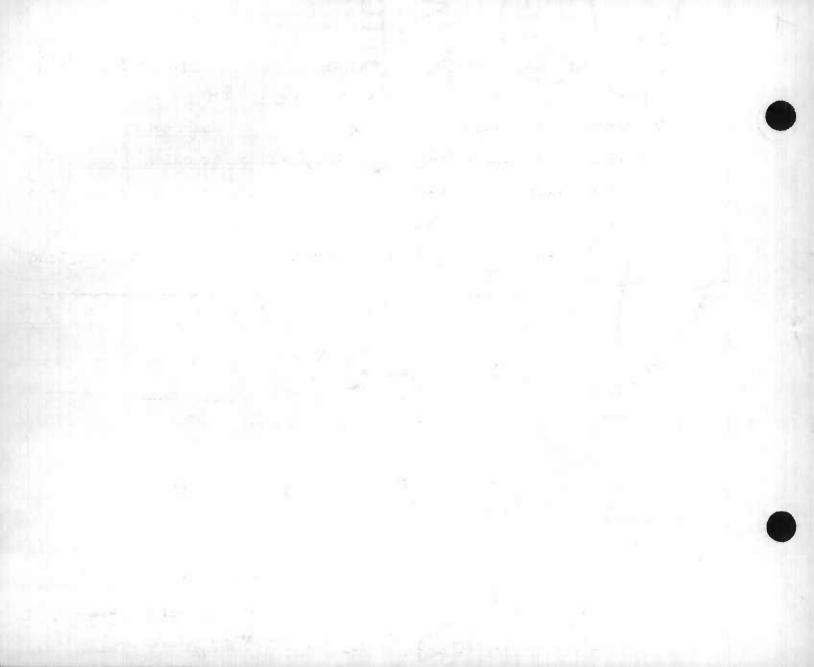
1 1	Items 13c & e per phomaryland State Department of Health	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 4 6 9	3
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN X Manth C	Doy Year 2b. HOUR
2/2 : NO 9 7	(Type or Print) Louise Mae MILLS OF ESTI- DEATH MATED DEc.1	
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
delay	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Year
> ( A A E)	12 1/	1984 5:10PM
Aug Aug	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH	
2 = S = S	Waryland U.S.A,. WIDOWED DIVORCED Washington	Mo
BALTIMORE, Md. 21 24 haurs after death in Item 18. Give Page is Office alang with f		2b. KIND OF BUSINESS OR
RE, Md. 2 after death 8. Give Pag alang with MA the So	Hagerstown give street address)   Mestern Maryland Center   during most of working life, even if retired.)   Nurse	NDUSTRY
Giv Giv ng nh th th	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
afte, afte, alan, alan, with eath.	odmission) STATE Md.   13b. (OUNTY Washington Clear Springs   NO   Rt. 1	21722
BALTIMORE, 24 haurs affine 18. (s office ala saland Lau)	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
是是 五章 <u>万</u> 章		
B 24 24 in	Orville H. Helser Dorothy  166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Fritz
d within 24 haurs after death in pencil in Item 18. Give Pages Examiner's Office along with far Free pages Land Livith the State in 72 haurs offer death.	(Ves se establecus) 1 //	
with with Exam	No (1 yes give war or dates of service) 213-24-8483 Medical Record	
301 W. PRESTON STREET, I tauld be executed within 2 ward "pending" in pencil is the Chief Medical Examiner rial-transit permit. File pages any event within 72 haurs	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ecuted ling in edical E ermit. F	IMMEDIATE CAUSE (a) MOLUMONICE	0413
RES exe exe ndii Me pe pe	DUE TO, OR AS A CONSEQUENCE OF	
s, 301 W. PRESTON shauld be executed to ward "pending" is to the Chief Medical burial-transit permit.	Conditions, if any, which gove (b) MUTIXIE TYAUMA	
Ch Ch	rise to immediate couse (a), storing the underlying cause DUE TO, OR AS A CONSEQUENCE	
301 nauld ware the ( rial-t	lost. We Tor vehicle collision	
S, starta	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CORD ficate fing the rded in as a	THE E. STILL STORM CONDITIONS CONTRIBUTION TO SEATH BOT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
DIVISION OF VITAL RECORDS, 301 W. PRI AL EXAMINER: This certificate shauld be ex execute the certificate, writing the ward "pend r. Page 4 shauld be farwarded ta the Chief M for your files. 10K: Robe 3 statud, debused as a burial-transit p urial, crematian, ar remayal, and in any event	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTODOVA
VI R	WAS PERFORMED?	20. AUTOPSY?
F VITAL REC This certificate, writi- ificate, writing d be farwarr	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  INTURY CAPITAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part 2) Here	YES NO
d b d		1 18.)
EXAMINER: cute the certificage 4 shauld revour files. Segle 3 shauld record files.	CAUSE OF DEATH	
AIN NE Sh	. City of town	County Stote
EXAM EXAM ute th age 4 cour crem	WHILE NOT WHILE AT WORK AT WORK AT WORK	
DIV LL EXA kecute Page for vo	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry,	ond in my opinion
MEDICAL E	death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner	, ,
O S SECTION		
MEDI please I direct retaine	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	Chien
DEPUTY MED ressary, pleas e funeral dre- may be retail FUNERAL DIS	SIGNATURE	ONEU 10 - 11
Pun in	EXAMINER'S NAME (Type)  H.N. Wolks  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)	11,184
O DEPUTY In necessary, p the funeral 5 may be re 0 FINERAL Health priori	HAYERSIO	
TO DE heres the f S mo S mo Health	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	Caunty) (Stote)
		ash. Md
VR AISME (S)	24 FUNERAL PHRECTOR BY REGISTRAR 250 REGISTRAR 3 SIG	MATURE
10M - 1/69	Thompson Funeral Home Clearspring Md. 442 4004	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2h. HOUR LIYPE OR PRINTS 12-13-84 SARAH E. MOLER 6:20a 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 MOS MONTH YEAR White Female 1895 November 8. 89 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Washingotn WIDOWEDIX DIVORCED [ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Ravenwood Lutheran Village (TYPE OF WORK EOR MOST OF WORKING LIFE)
Housewife INDUSTRY Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Washington Hagerstown 13. STREET ADDRESS / ZIP CODE 124 Fairground Avenué 13d. INSIDE CITY LIMITS? YES P NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Schueler B. McC. Wolf Alice George 9335 Lee Highway #1201 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT William E. Moler Fairfax, Virginia 22031 217-32-7376 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Chronic Urinary Track In Canditions, if any, which gave rise to immediate Lacels rout cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION A+ fuloschowing com 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a 1 certify that (1) (this haspital) generated the deceased from. 19\_\_\_\_\_\_\_\_, and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated saw the deceased alive an V Dec above, (I) (we) (did) (did nat) when the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ould be deto PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT. 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS W.M. Fande 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Dec. 15, 1984 Rose Hill Cemetery Burial Hagerstown Washington Md. MINNICH FUNERAL HOME BY RECISTRAD 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 415 E. Wilson Blvd. Hagerstown. Md. 21740 4 chia Davidson (VRA 15, 4)

Figure 1. 1992 to 1992 to 1992 the transfer was provided was the first of t . Did to the state of the state the state of the s

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4 9.8 E	3. SE		4 RACE Whi	.te	5. DATE OF BIRTI		0	YEARS LAST BIRTHDAY)	RS.	IDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
deoth. Page	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Irginia	76 CITIZEN OF W	.A.	WIDOWED	DIVORCED		ore city <u>or</u> col Washing		DEATH	MD.
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completely	14 F	ather's Name unknown	MIDDLE	Moore	15. MC	OTHER'S MAIDEN N FIRST UI	iame nknown	·		LAST	
an and co		WAS DECEASED EVER IN U.S. AF XES, NO OR UNKNOWN) (IF YES, GT (US)	RMED FORCES?	719-09-		formant lian Oli	iver,	ADDRESS Hagerst	own,	Mar	yland
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i, that the death certificate dby the attending physici lease remave carbon paper ial, cremation, or removal. or other traumatic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	AS A CONSEQUE	Harte	Bilater of the	D pn	enmo este		a feco	do
The law requires ian.  I has been signed it permit. Then plum mine mine burners to burne	CERTIFICATION	PART 2. OTHER SIGNIFICANT	Chrone (	Level	PEATH BUT NOT R		200 AU	TOPSY? 20b.	IF YES, WE	RE FINDING G CAUSES C	
HYSICIAN: Iding physic nis certificot buriol-tron or from 18	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF FITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. PLACE O	. MONTH DA FINJURY	Y YEAR 19	OCATION	JRRED (ENTER				
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PITAL OR ATTE by the hospitus IERAL DIRECTO se detoched for Stote Dept. of ANT: If them 21		sow the deceased alive or above, (1) (we) (did) (did no 27b. SIGNATURE	ot) view the body of	fter death.	DEGRE	ATTENDING PHYSICIAN	MEDICA DIRECTO	STAFF	d hour and	27c. DATE SI	
O HOSPITAL Cetoined by the TO FUNERAL Dishould be detoc with the Store Dimension of the Book of the Bo		22d PHYSICIAN'S NAME (ING)	CANA		1	933 Va	Ave	Hakers	6920	M	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	Dec.11	,1984 E	akersvi	Lle Cen	(1	Bakers		e,Was	STATE MD
DHMH - 16 50M 4/83 (VRA 15, 4)	41	UNERAL DIRECTOR MINN 5 E. Wilson				TIES.	Mill old work	A goint	Widson.	Ande	Ne :



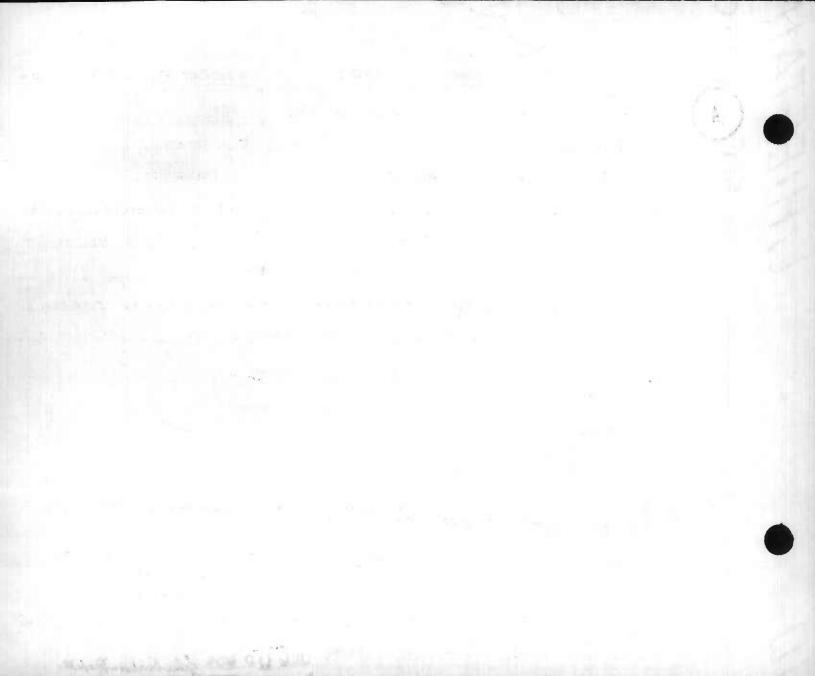
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WELL OD MAY Sole Kinder Por

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME 26. HOUR (TYPE OR PRINT) MORT November 30, Ethel Mae 1984 IF UNDER 24 HRS 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5 DATE OF BIRTH MONTH white 12. 1903 Sept. BALTIMORE CITY OR COUNTY OF DEATH IL CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 517 W. Howard St. housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 517 W. Howard St. Washington | Hagerstown 21740 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Bishop Martin Emma 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Gladys L. Seal APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cs.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) PICUTE MY OC ANDIAL INFRACTION, SUSPECTED DUE TO OR AS A CONSEQUENCE OF (b) ANTERIO SCLENGTIC MEAKET DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) 220 1 certify that (1) (this hospital) attended the deceased from August 12 10 81 10 NOVEMBER 26 sow the deceosed alive on NOVEMBER 26 19 84 and that in (try) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) we) (did) (did now view the body after death DEGREE 22c DATE SIGNED 12-03-84 PHYSICIAN DIRECTOR PHYSICIAN PHYSICAN'S NAME (TYPE OF PRINT) E. ANTIGEAM ST BARRY M. COHEN HAGGESTOWN, MO, 23t, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Dec. 4, 1984 Rest Haven Cemetery Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR INNICH FUNERAL HOME THE DATE REC D. BY REGISTRAN 25b, REGISTRAN'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be executed within 24 hours after deat

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

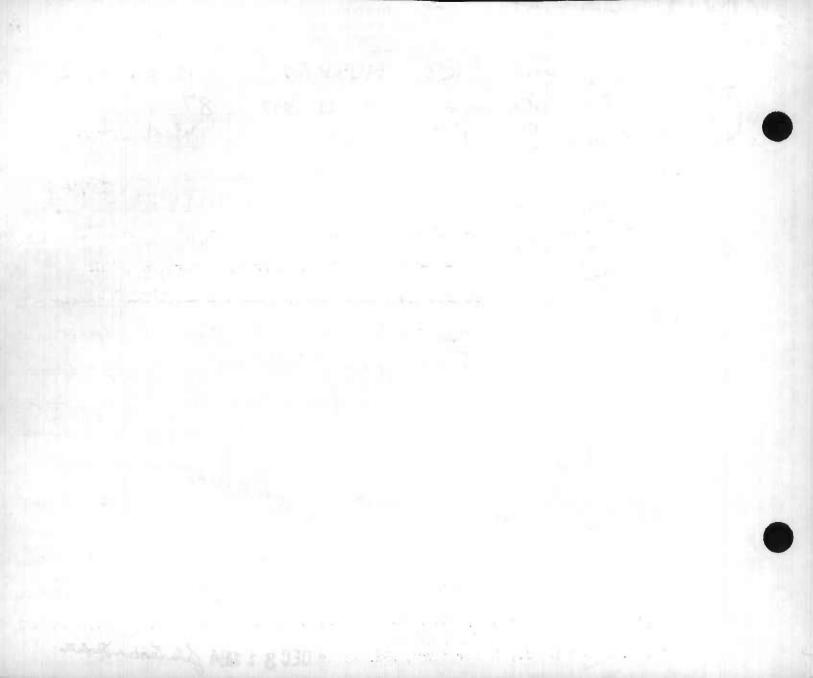
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_	REGISTRAR		ERTIFICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	NA Kathryn	MURRAY	20. DATE OF DEATH MONTH	14 84 21 A		
3. SE	F.	Caucasian	DATE OF BIRTH  MONTH DAY  1897	6 AGE (IN YEARS LAST BIRTHDAY)  87  YR			
5N	IRTHPLACE (STATE OR FOREIGN FOUNTRY)  Iaryland SA	USH  w	MARRIED NEVER MARRIED 1	9 BALTIMORE CITY OR COUNTY	hington.		
F	AGESTOWN	11. NAME OF HOSPITAL, NURSING H	a. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	178-KIND OF BUSINESS ( INDUSTRY		
130 5	MARYLAND.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM UNITY WASH 136 CITY OR TOWN	138. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	Shipton St.		
	Jonathan	Shoemaker	Catherine	Fink	LAST		
(	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN} (IF YES, C	ARMED FORCES? 16b SOCIAL SECURITY 219-20-309		ray, Hagerstov	vn, Md.		
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause last.						
		()	- good Control ace	LICEN	Georg 7		
FIFICATION	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEA	THE OUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION    20a AUTOPSY?   20b. IF IN CEI	GIVEN A PART 110  YES, WERE FINDINGS USED RIFTING CAUSES OF DEATH?  YES NO NO		
EDICAL CERTIFICATION		T CONDITIONS CONTRIBUTING TO DEA  196 CONDITION FOR WHICH OPE  197 CONDITION FOR WHICH OPE  198 CONDITI	ERATION WAS PERFORMED  21c. HOW INJURY OCCURR 19 211 LOCATION	20g AUTOPSY? 20b. IF IN CEL	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1		
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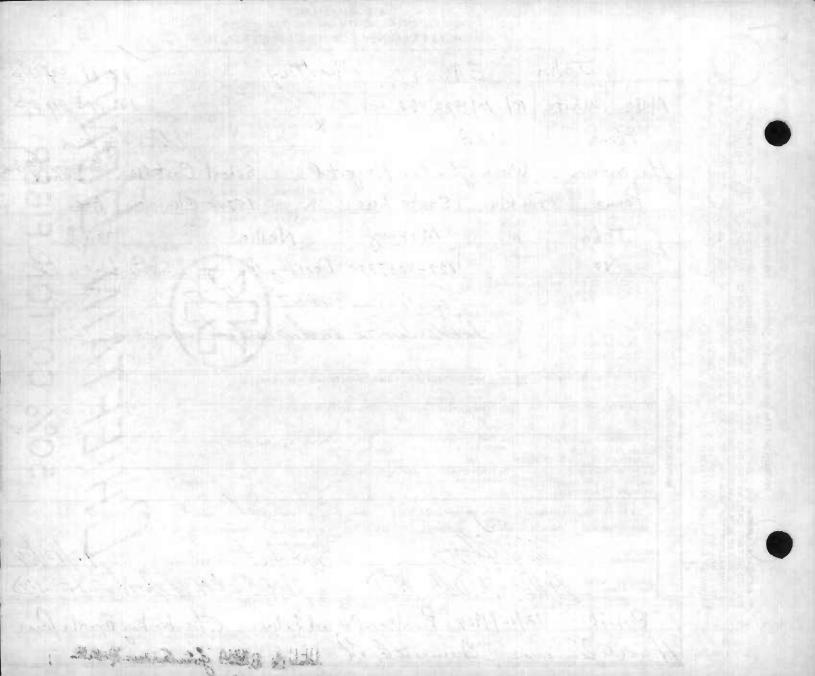
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remaye carban papers. Ewith the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN John Ellsworth. (TIPE OF PENT) Murray DEATH MATED AGE (IN YEARS | IF UNDER 1 YR 4 RACE 5 DATE OF BIRTH SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK) 126. KIND OF BUSINESS GOR INDUSTRY Anton 1135 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A FATHER'S NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! NO 18 CAUSE OF DEATH (Enter only one couse per line for (o)\_4b BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR CONSEQUENCE OF Conditions, il ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F 21g EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. | CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certily that I took charge of the remains described above, held on Autopsy Inspection Natural causes Accident death resulted from: Suicide Homicide . Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c HAME OF CEMETERY 236. LOCATION **DHMH - 17** (VR A15 ME (5))



STATE OF MAKTLAND

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within 24 hours ofter

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

## STATE OF MARYLAND FOR

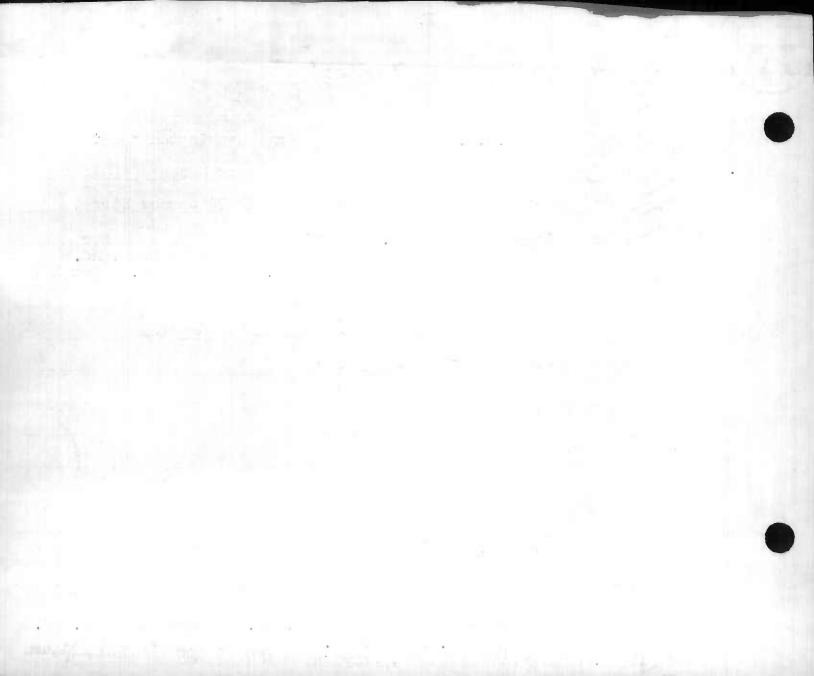
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	18 CAUSE OF DEATH	(Enter only o	ane cause per	line for (a), (b), and	ICI.)					APPROX	ONSET AND D
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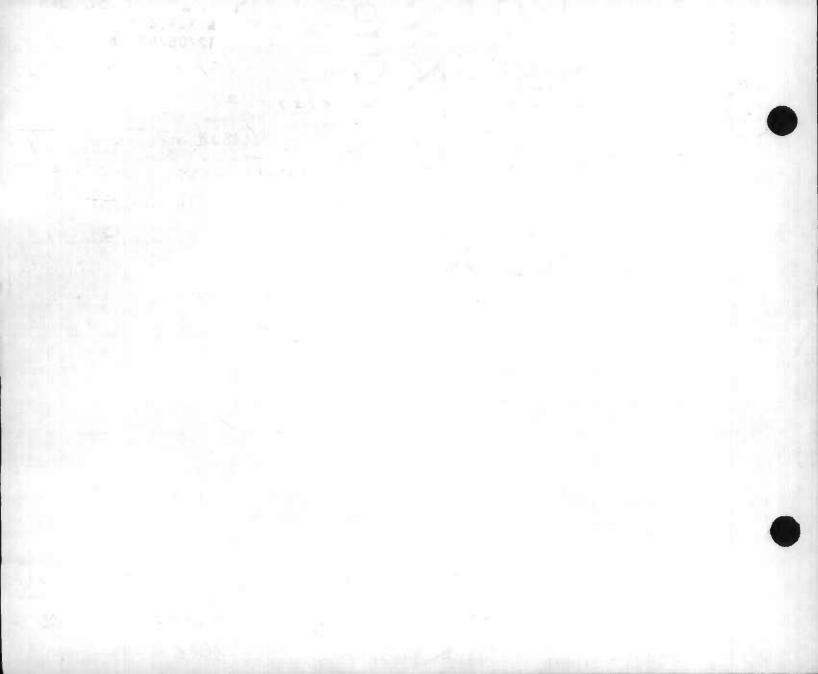
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2ª DATE KNOWN DORSEX LITYPE OR PRINTS ESTI-NICHOLSON DEATH MATED 6 AGE IN YEARS IF UNDER 1 YR. 3. SEX 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Nov. 3, 1896 88 DEAD 7h CITIZEN OF WHAT COUNTRY BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WASHINGTON U.S.A. WIDOWED T DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS R#1 BOX GIVE 68C ADDRESS Keedysville Painter ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 113h COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS Washington Box 68C Maryland Keedvsville 21756 NO TO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nicholson Athelia unknown 7. INFORMAN MAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Yes WW 212-14-8434 Dorsey M. Nicholson, Jr. Item 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AS CAUSED BY:
IMMEDIATE CAUSE (a) CAR DIOPULMONARY DISEASE ARCINOMA OF LUNG Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. ARTERIOSCLEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [] NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH LE PLACE OF INJURY 211 LOCATION /AT HOME STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection death resulted from SIGNATURE MILIC MD ADDRESS 40 MANOR DR. #103\_HAGERSTOWN\_HI 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Dec. 24, 1984 Hyattstown Montgomery BP 24 FUNERAL DIRECTOR Molesworth, P.A., Damascus, Md. DHMH - 17 (VR A15 ME (5)

20M 4/B2

STATE OF MARYLAND

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STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 SEX		4. RACE	MONTH		AGE (IN TEAKS LAST BIRCHUAT)	MONTHS DAYS HOURS MI		
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T are per	tucky	U.S.A.	WIDOWE		Washington (	County		
	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS		
	rerstown	Alexander H	ouse		Homemaker	Home		
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## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. at Health IMPORTANT: If Item 21 is

STATE OF MARYLAND

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME OR PRINT)	eorge )	Edward N		ogle	2a. DATE OF DEATH	15 50 NOVIH DAY	84	Zh HOUR AM
)	ma	ile	whit	е	Feb.		6. AGE (IN YEARS LAST BIR			HOURS MIN.
5	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O Wasl	R COUNTY OF DEA	TH	MD.
9	На	agerstown	Washi	ngton C	ount	y Hospital	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O ACCOUL	F WORKING LIFE) INDL	JSTRY	Edison
5	Ma S		ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOW WILLIA	'NI	134. INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip code ton Rd.	E	21795
C		William	MIDDLE A •	Nogle		15. MOTHER'S MAIDEN NA/ Pauline	E.		LAST	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) UIF YES, GIV S W . W .	MED FORCES? E WAR OR DATES)	214-10		Martha No	addre gle, Willi	iamsport		d.
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (Control of the control of the cont	(b)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PA	ART I(o)	
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDING AUSES C	SS USED OF DEATH?
Î	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINET 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINET AT WORK NOTIFY HOPE AT WORK NOTIFY HOPE SOW THE deceased a jury on chave, (1) (we) (did) (did not 276 SH. NATURE)  77d. PHYSICIAN'S NAME (TYPEC)	P./ 21e. PLACE (AT HOME, STR tol) attended the	M. MONTH DAM.  DE INJURY EET, FACTORY, OFFICE, F	ARM EIC)	211. LOCATION 211. LOCATION STREET 19 d that in (my) (our) apinion of PHYSICIAN PHYSICIAN 172e ADDRESS	CHY OR TO	26 19 8 ate and hour and fro	vry , th	
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	bú	BURIAL, CREMATION, REMOVAL SETTAL	Dec. 28	81984 M	t.Oli	vet Cem.		ck,Fred		
	24. FL	INERAL DIRECTOR MINI	ITCH FU	NERAL I	OME	25e. DATI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SI	GNATU	RE

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Wilson Blvd., Hagerstown, Md. DEC 2 8 1984 ... Deviden Ronder

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Boonsboro, Md. 21713

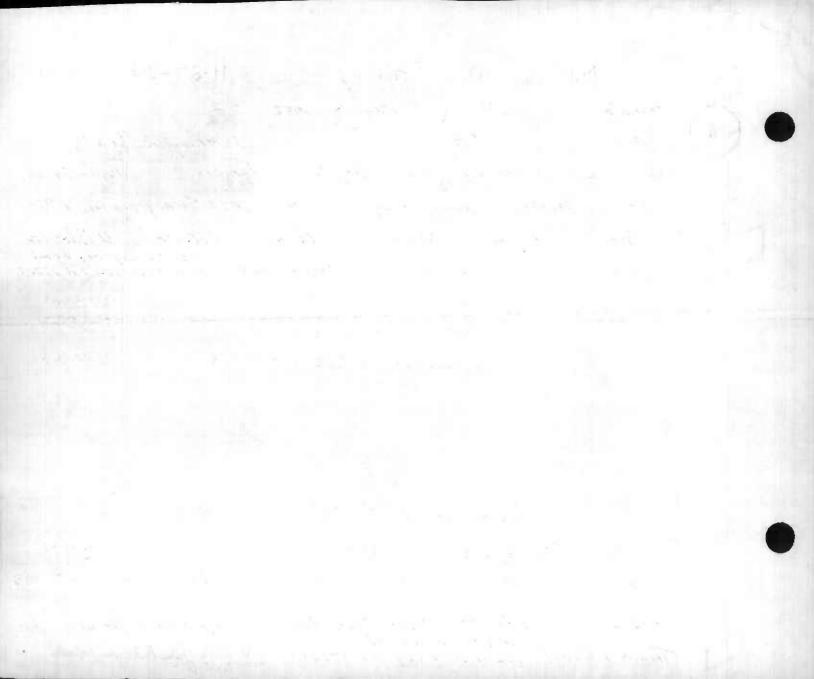
John H. Bast, Jr.

(VRA 15, 4)

Milia Davidson Gandall

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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STATE OF MARYLAND

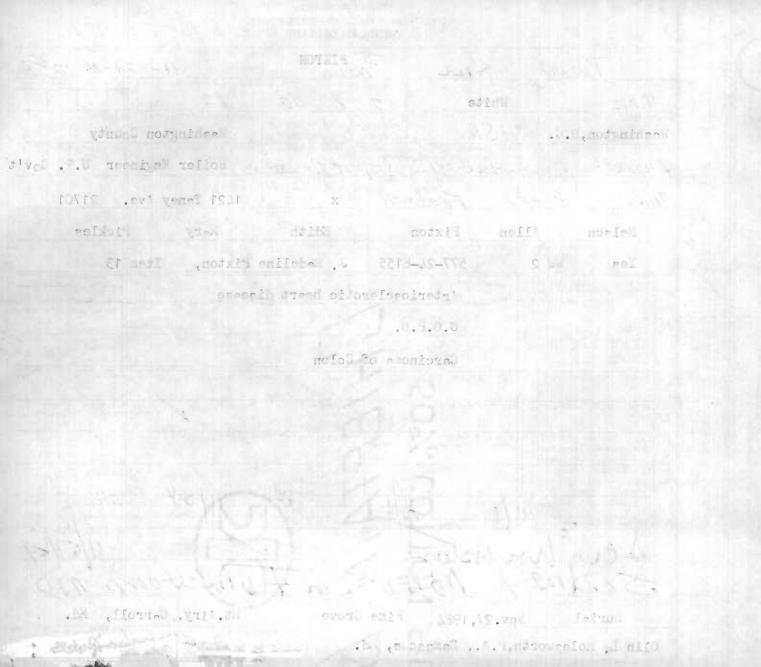
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 / 0 /

	REGISTRAR		•		REG. NO.	
	1. DECEASED NAME PAST	HILL	T	PIXTON	26. DATE OF DEATH MONTH	- 24-84 13 Fm
,	MAle	White	5. DATE (	8 02		MONTHS DAYS HOURS MIN.
9	COUNTRY	76 CITIZEN OF WHAT COL	INTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL	
	Washington, D.C.	USH	WIDOW		Washingto	
2	HAGERS TOWN	1. NAME OF HOSPITAL, SENOT IN SUCH FACILITY, GI	STREET ADDRESS	pect Laguesta	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK BOILER En	12b. KIND OF BUSINESS OR INDUSTRY  REINE U.S. Gov t
1	Md. Sice	OTHER INSTITUTION GIVE RESIDEN	OR TOWN -	YES X NO	13e STREET ADDRESS / ZIP (1421 Taney	
/	Nelson		cton	IS MOTHER'S MAIDEN NAM  Edith	Mary	Pickles
2	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)   1   YES, GIVI	E WAR OR DATES)	-24-8155	J. Madeline	Pixton, I	tem 13
	Condition, if any, which gave rise to immediate come (a), shating the underlying course last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COL	NSEQUENCE OF D.P.D.  NSEQUENCE OF CINOMA C			N GIVEN IN PART I 10
2	19s. DATE OF OPERATION  21s. ACCIDENT WAS UNDERLING.	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 70b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
7	21a. ACCRENG WAS DEBUTING ON CONTINUED CAPE OF DEA (# ATTHER HIGHEY MEDICAL EXAMINES THE INJURY OCCURRED MEDICAL EXAMINES THE INJURY OCCURRED SOW the deceased alive on above, (1) (we) (did rid did no 27b bronature)	HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY tol) oftended the deceased	OFFICE FARM, ETC.)	211 LOCATION STREET  19  The thot in (my) (our) opinion de DEGREE  ATTENDING	eath occurred in the date and DICAL STAFF DIRECTOR PHYSICIAN	that (I) (we) lost d have and I rom the causes stated
	BURIAL, CREMATION, REMOVAL		23( NAME OF C		Mt. Airy, Ca	rroll Md. State
	Burial	Nov. 27, 1984	rine	Grove	MU. HILY, Ug	Trotte .

DHMH - 16 50M 4/83 (VRA 15, 4) Oline L. Molesworth, P.A., Damascus, Md.

DEC 03 7000 Julia Swiften Hands

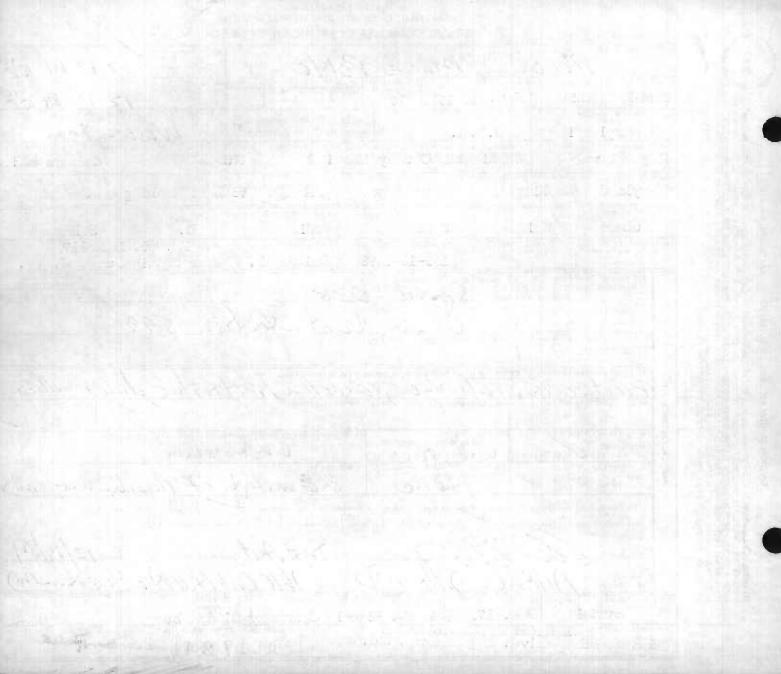


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Edward PLITT Theodore November 26. 1984 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 3 SEX Feb. 18, 1908 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE / STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Washington WIDOWED IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Williamsport Homewood Retirement Center Minister Church USUAL RESIDENCE (IE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Wash. 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD Hagerstown 309 Radcliffe Ave. 21740 YES XX NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE William John Plitt Sadie Kennert 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) 217-22-0560 Mrs. Ruth W. Plitt, Hagerstown, MD 21740 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ici.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOZ YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY TIL LOCATION 21d INJURY OCCURRED COUNTY CITY OR TOWN STATE AT HOME, STREET, EACTORY, OFFICE, FARM, ETC. I NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN! WPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE STATE Cremation Smithsburg Crematory Smithsburg 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Home, Smithsburg,

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED . SEX 4. RACE IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED Female White Nov. 10 1914 70 DEAD IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUN MARRIED NEVER MARRIED X Pennsylvania II.S.A DIVORCED II. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION doctors office Washington County Hospital Nurse Hagerstown Washington 13d. INSIDE CITY LIMITS? 1355 East Washington Street Maryland Hagerstown 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hubert MIDDLE Walter Pohle Alice B. Sellers 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO RthDDR#3, Box 117 (YES, NO, OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) No 165-18-9198 Delores P. Master Martinsburg, W. Va. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION CUIWI FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA IND, 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH PERATION WAS PERFORMED 20 AUTOPSY NO -210 EXTERNAL CAUSE WAS 71h TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING hund now CONTRIBUTING CAUSE OF DEATH 21f. LOCATION NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STY BACTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram ACTUAL SIGNATURE EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery Bladensburg 07/84 25M FUNERAL HOME **DHMH - 17** Juna Davidson-Randalle 415 East Wilson Blvd. Hagerstown, Md. (VR A15 ME (5))

STATE OF MARYLAND



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3	4	1	- 1	- 6
REG. NO	).			

FOR STATE REGISTRAR		MENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		
1. DECEASED NAME	FIRST	MIDDLE	LAST	Ze. DAT
[TYPE OR PRINT]	Judith	Mattson	Proctor	
3. SEX Female	4 RACE		5. DATE OF BIRTH	6. AGE

TE OF DEATH MONTH YEAR 75 HOUR

	I. DECEMBED I TOTAL	,											20.11.0010	,
	[TYPE OR PRINT)	Judit	h M	attson	Pı	roctor				12	28	84	4;0	Oa.
-i	3. SEX Female		4. RACE					6. AGE (1)	YEARS LAST BIRTH	OAY)	MONTHS:	RIYEAR	IF UNDER 2	MIN.
1			White		02	09	4î	43		YRS.	MUNTHS	DATS	HOURS	M IN.
1	BIRTHPLACE (STATE COUNTRY) Californ		76. CITIZEN OF	WHAT COUNTRY?	MARRIE			F.7 1-	ore CITY <u>or</u> ington		Y OF DE	ATH		MD
1	10 CITY OR TOWN OF Hagerstown		F NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		TITUTION		OCCUPATION FOR MOST OF V		IFE) IND	KIND O	F BUSINES	S OR
5	USUAL RESIDENCE (#130 STATE	131 COU	ROTHER INSTITUTION, INTY	13c. CITY OR TOW	N	13d INSIDE	NO [	13. STREET 5605	ADDRESS / Cromw	ZIP COD	E /	0	1/6	2
0	14 FATHER'S NAME FIRST	Mattson	1		FIRST	ME	WIDDLE		Go	odwi	n			
2	160 WAS DECEASED E		RMED FORCES? IVE WAR OR DATES)					Procto	r Colle	_	Park	, Md.		
				line far (a), (b), and	d (cu)	-						APPROXI	MATE INTERV	/AL DEATH
	PART I. DEAT	H WAS CAUS	ED BY: (TE CAUSE (a)	Bronchop	neum	onia						De	ys	
	Conditions, if	ony, which	DUE TO, OI		S. DATE OF BIRTH  O2 09 41  IAT COUNTRY?  MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   SPITAL, NURSING HOME OR OTHER INSTITUTION (CILITY, GIVE STREET ADDRESS)  SPITAL, NURSING HOME OR OTHER INSTITUTION (CILITY, GIVE STREET ADDRESS)  WIDOWED   DIVORCED   SPITAL, NURSING HOME OR OTHER INSTITUTION (CILITY, GIVE STREET ADDRESS)  E SESSIONACE SEFORE ADMISSION)  MATTSON   13d INSIDE CITY LIMITS?  YES NO    15 MOTHER'S MAIDEN NA  PIRST  Helen  B. SOCIAL SECURITY NO. 17. INFORMANT  220-38-4642   Mr. James    S A CONSEQUENCE OF UDDURANT HOME OF LOSE HEAD INJURY  TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  ON FOR WHICH OPERATION WAS PERFORMED					Ye	ars			
	couse (o), si					njury						Ye	ars	
		SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	AIN AL DISEA	SE OR COND	ITION G	VEN IN I	PART Ito		
2	19a. DATE OF OPI	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AU		IN CERT			OF DEATH	4?
3	210. ACCIDENT WAS	UNDERLYING [	216. TIME O		V VEAD	71c HOW II	VJURY OCCUR	RED (ENTER	NATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)		

YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) STREET NOT WHILE 81 22a I certify that (K (this hospital) attended the deceased from 19 84 and that in (my) XX) apinian death occurred an the date and hour and from the causes stated

DEGREE

saw the deceased alive an above, (I) (\*\*\*\*X'did) (d\*\*\*\*X'X

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 12/28/84

Kyung S. Kim, M.D.

1500 Pennsylvania Aven Hagerstwon. 21740 Md. 734 NAME OF CEMETERY OR CREMATORY
Smithsburg Crematory Smithsburg, Washy Md.

STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 24 FUNERAL DIRECTO

Davis Funeral Home Smiths burg, Md.

Dec.28, 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR.

should be detoched with the State Dept.

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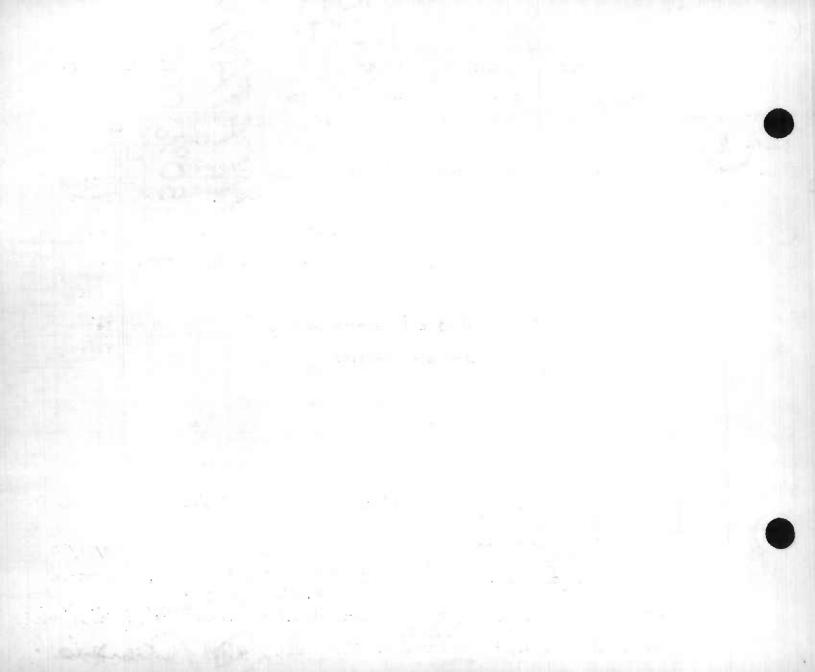
1 - STATE

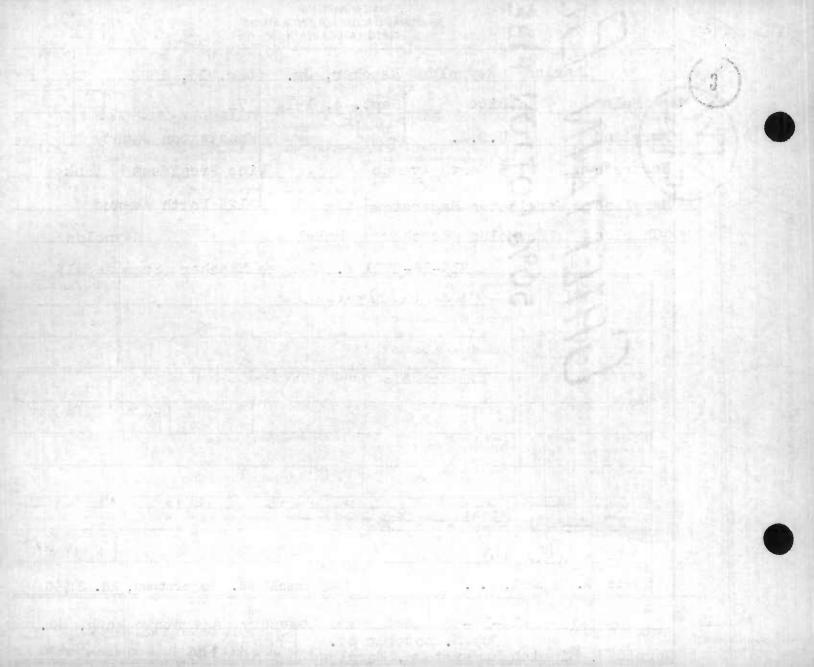
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	4	1	1	

1	REGISTRAR		451111111111111111111111111111111111111		REG. NO	D.			
	CEASED NAME FIRST	Ruth	Rager		2a DATE OF DEATH	12 2:	4 5 4	25 HOUR 8:50A	
1. SE	x Female	4. RACE White	S. DATE OF B	27° 1'6"	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
<b>T</b>	IRTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	75. CITIZEN OF WHAT COUNTRY	WIDOWED		Washingto	n	OF DEATH	MD.	
Н	agerstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Western Marylar	radoress) nd Cente		120 USUAL OCCUPATE LITTE OF WORK FOR MOST OF HOMEMAKER	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR	
13a.	id Wash	rother institution, give residence before NTY ington Regers:	town Y	I. INSIDE CITY LIMITS? ES P NO	130 STREET ADDRESS /		Stree	740 et	
14. F	of i ver	Crampto	n	Reba	E.		Swaii	n n	
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 215-18	l A	NEORMANT Mary E. Rag	er, Hagers				
Г	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:    MAMEDIATE CAUSE (a)   C achexia						APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( b) Renai cell carcinoma							Years	
1	gave rise to immediate cause (a), stating the underlying cause last	Due to, or as a consequence Diabete.		tus			Year	rs	
NO.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVE	N IN PART 11	0	
CERTIFICATION	198 DATE OF OPERATION	198 CONDITION FOR WHICH	H OPERATION W	VAS PERFORMED	206. IF YES, IN CERTIFY YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO			
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PAI	RI ( OR PART ?)		
MEDICAL	ZIM INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
1		oital) attended the deceased from.  1	15/1	nat in (my) (XX opinion (	to / P			that <b>K</b> (we) last couses stated	
1	THE SHENATURE	above, (1) (we) (did) (did flot) view the body after death/			MEDICAL STAF		220 DATE		
	KYLLE S. ALI	t, M.D.		500 Pennsy	lvania Aver	ue, H	agers	town	
bu	BURIAL, CREMATION, REMOVAI (SPECIET) I TIA	Dec. 24, 1984 (		awn Mem.Pa	3			Maryland	
		H FUNERAL HO vd., Hagerstöwn		740 DEC	E REC'D. BY REGISTRAR  2 4 1984 4	256 REGISTR	AR'S SIGNAT	TURE	
				, au pi			-		

DHMH - 16 50M 4/83 (VRA 15, 4)





(VRA 15, 4)

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ph2+f2%	offer.	PERSON NAMED IN	67 1332	11-37 12 80	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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1					STATE	OF MARYLAND			
	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	REG. NO.	7   5	j
	(TYPE	CEASED NAME OF PRINTS	KLES Z	Edward	R	ITTER	20. DATE OF DEATH MONT	-24-84	SA HOUR
1	3. SE	male	white		S. DATE C			YRS. DAYS	HOURS M
BE		Maryland	USA	WHAT COUNTRY?	WIDOWE		P BALTIMORE CITY OR CO Washi	ngton	
79	На	gerstown	Washi	ington Co	unty	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR painter	PKING LIFE) 126 KIND C INDUSTRY	OF BUSINESS C
35	Ma Ma	ryland W	county ashington	Williamsp	N	13d INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA	136 STREET ADDRESS / ZIP Route 2,	Box 189	21795
211	14 F/	William	Henry	Ritte	r	Mary REST	Gertruc	de Shî	mp
medicol	160. V	WAS DECEASED EVER IN ( YES, NO OR UNKNOWN)	U.S. ARMED FORCES? Marines	214-09-95		Gladys Ritte	er, Williamspor	t, Md.	
movol.		18 CAUSE OF DEATH (E PART I. DEATH WAS	inter anly one cause pe CAUSED BY MEDIATE CAUSE (a)			AsysTole			ONSET AND DEA
se remove corbo , cremotion, or r other troumotic			hich (b)_	DR AS A CONSEQUE	oger	acc Shocerotic Heart		120	hours
njury, or	NO	PART 2 OTHER SIGNIFI	. (6)		DEATH BUT		AIN AL DISEASE OR CONDITIO	N GIVEN IN PART I	01
2	CERTIFICATION	190 DATE OF OPERATIO	N 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		LIFYES, WERE FINDING CAUSES  YES	
18,18		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL OF	SE OF DEATH HOUR A	OF INJURY N.M. MONTH DA P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN II	(EM 18 PART I OR PART 2)	
y bend w	MEDICAL	214 INJURY OCCURRED  WHILE AL WORK NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTA	STATE
P Dept. of Heal		22a.1 certify that (1) (the saw the deceased a abave, (1) (me) (did) 22b-SIGNATURE	s hospital) attended to alive an (distant) view the bod	7 7		DEGREE ATTENDING	death occurred an the date a	nd hour and from the	
A the Stoke		224 PHYSICIAN'S NAME		ucer		22e ADDRESS	Projector Physician by Ave Har	gers Town	MI
137		BURIAL, CREMATION, REA		23c N		emetery or crematory own Mem. Par	k Williamspor	t,Wash.,N	Md. STATE
50M 4/83	24 F	UNERAL DIRECTOR MI	NNICH FUI	VERAL HO	ME Md. 2		TE REC'D. BY REGISTRANDS	REGISTRANS SIGNAT	ndalle.



STATE OF MARYLAND

AB (No. 1) (1) (1) SHOET WOLL . R. . H. . . . . ECTATEGO parties of the control of the contro Table allows all the state of the The state of the s well really been use the determinent characters; it, deep the

STATE OF BUILD AND STATE OF ST

completely filled in by the funeral it I and 2 should be filled within 72 l

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and cor should be detached for use as the buriof-transit permit. Then please remove corbonpopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Rem 21 is marked or Item 18 shows any injury, or other traumottic event, the medical

executed within 24 hours offer

pe

death certificate

PHYSICIAN:

OR ATTENDING

etoined by the hospital

BP.

# STATE OF MARYLAND

### CERTIFICATE OF DEATH CERTIFICATE OF DEATH

arrive.	- 2	- 3		1
5	4	1	- 1	1
DEC NO				-

1.	FOR - STATE REGISTRAR	DAVID (	NMN) SAI	DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 3	4	7 1	7
	CEASED NAME E OR PRINT!	David		(NMN)	C	amel	20. DATE OF DEATH  December	MONTH	DAY YEAR	26. HOUR 7:45 PM
3. SE	Male		4 RACE Whit	е	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STAT COUNTRY) Georgia	Tai Ti	U.S.		WIDOWE		Washingto	n Cou	inty	MD.
I	liv or town of Lagerstow	m	Washi	ngton Cor	anty H	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF WORK FOR MOST Jeweler		Own	Business
13a.	STATE Maryland	13b. COUN	other institution ity ington	GIVE RESIDENCE BEFORE 130 CITY OR TOW Hagers	N	13d INSIDE CITY LIMITS?	130 Donny	/ ZIP CO br9ok	DE	21740
14. F.	Adolph	1	MIDDLE	Samel		15 MOTHER'S MAIDEN NA  Ida	MIDDLE		Schac	
16a	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	060-03-50		Daniel Samel	130 Donn Hagersto	-	H 217	40
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  CAPPING  AMEST								BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)					hears fail	wforman we			
CERTIFICATION	19a DATE OF OP					N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I			INGS USED
	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		111	OF INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 1	8 PART I ORPART 2]	
MEDICAL	21d. INJURY OC	CURRED  OT WHILE  I WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		ot () (this hospi reased alive on ve)(did)(Hid no		e deceased from		nd that in (my) (our) opinion	death occurred on the	date and h		that (I) (we) lost couses stated
	225.E3GNATUR	NUD	IDER	Mo			DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	E SIGNED
	THE CHYSIC AN	WAME (TYPE O	R PRINT)			120. ADDRESS H	swell RD	HOG	ENST. 1	no -
	BURIAL, CREMATI (SPECEY) Buria	1	23b. DATE 12-13			emetery or crematory	23d. LOCATION CITY OF TOWN Dover Mo	orris	CO. N	STATE DW Jersey
24 F	K. Coffm		ral Hom	e, Inc., Ha	gerst	own, Md.	13 Total Pisy a	85h J.G	PAR'S TONA	We 3

DHMH - 16 50M 4/83 (VRA 15, 4)

PANER S S and the principle of techniques E. T. L. C. J. T. C. C. even control 2 7/4 3 

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR A.K. Coffman Funeral Home, Toc., Hagerstown, Md

23a BURIAL, CREMATION, REMOVAL

Burial

12-3-84

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

23d LOCATION

Hagerstown, Washington, Md.

IF UNDER 24 HR

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				Litera Stack Lake

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 7

7	1 -	REGISTRAR			CERTIF	ICATE OF D	EATH	RE	G. NO.			
		EASED NAME FIRST		MIDDLE	ı	AST		2a. DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR	
	litte	MART	A	F	SE	AMAC			12	18 84	1015 AM	
_ [	3. SEX		4. RACE		5. DATE C		YE AR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		F	1	white	03	07	04	80	YF	RS.	, mile	
1		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER A	APPIED VI	9 BALTIMORE C	TY OR COU	INTY OF DEATH		
		rvland	USA		WIDOWE		ORCED	Was	hingto	n	MD.	
0	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INST	ITUTION	120 USUAL OCCI			F BUSINESS OR	
7	Ha	gerstown		gton Cou		ospital		teacher	NOST OF WORKI		school	
-	13a, S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CI	TV LIMITS?	13e.STREET ADDR	ESS / 7IP C			
)			nington	Hagers		YES X	NO 🗌			Avenue	21740	
, ,	14. FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM		-	145		
		James A.		Seaman		Nan			One .	Lakin		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMA			DDRESS			
		0	TO THE OR DESIGN			John S	eaman,	, Hagerst	own, l	Md.		
		18 CAUSE OF DEATH (Enter only one cause per line for the only one)					APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10) / COLO VIOCASCIO SIN ARCTION			5 m	5 minutes						
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (b)										
		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEQU	UENCE OF					i		
		underlying cause last.	(c)_									
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	Ontributing <u>T</u> C	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	a.	
	CERTIFICATION											
3	ICA	190 DATE OF OPERATION	196 COND	NDITION FOR WHICH OPERATION WAS PERFORMED			RMED	20a AUTOPSY		F YES, WERE FIND! ERTIFYING CAUSES	NG CAUSES OF DEATH?	
Ц	RTIF					Tata management		YES NO		YES 🗌	№ □	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4	.M. MONTH [	DAY YEAR	216 HOW IN	JURY OCCURR	ED (ENTER NATURE (	OF INJURY IN ITEA	M 18 PART ( OR PART 2)		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	.M.	19							
	MED	21d INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE	FARM ETC )	211 LOCATIO	N .	CIT	ORTOWN	COUNTY	STATE	
		AT WORK A			- 17	// 0	101/		-0/-	0	_	
		22a 1 certify that this hosp	ital) ottended th	he deceased from	JAV (	417	. 19	, to	14/	haur and from the	that (1) (we) last	
		obave, (I) (we) did what no	twee the had	atter death.	0	. 0	(aur) apinian c	seath accorred an	the done and	-	causes stated	
		226. SIGNATU	2.10		L	DE GIPTE	TTENDING	MEDICAL _	STAFF	171 DAY	0/41/	
		22d. PHYSIC ANE NAME IT A	me	5 ./		22e. ADDRES		DIRECTOR   P	HYSICIAN [	1 (0/1	9/27	
П		220. FHISICIAN STANDARD	W //	) 1/		III	ra .	Wall - The all	1	W 1 / 1		
		115 1140 0 1	- 1/3	Larrell		1///		ロベファルスとのりり	(A) 4/	West	Marik	
L	22. 5	(10be)	1 1	MUN	NAME OF S	14-	39	naman	BR K	Mid.	Magerton	
		URIAL, CREMATION, REMOVAL SPECIEVI I FIAI		21, 1984 F		EMETERY OR C		TM. LOCATION Hager		,Wasshĭ.,N	larylähd	

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the

415 E. Wilson Blvd., Hagerstown, Md.21740

250 DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNATURE



- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 7a. DATE OF DEATH 1984 IF LINDER LYEAR IF LINDER 24 FIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR INDUSTRY AIRPI MEARKLE

Shaffer same as #13

70a AUTOPSY? 206 JF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

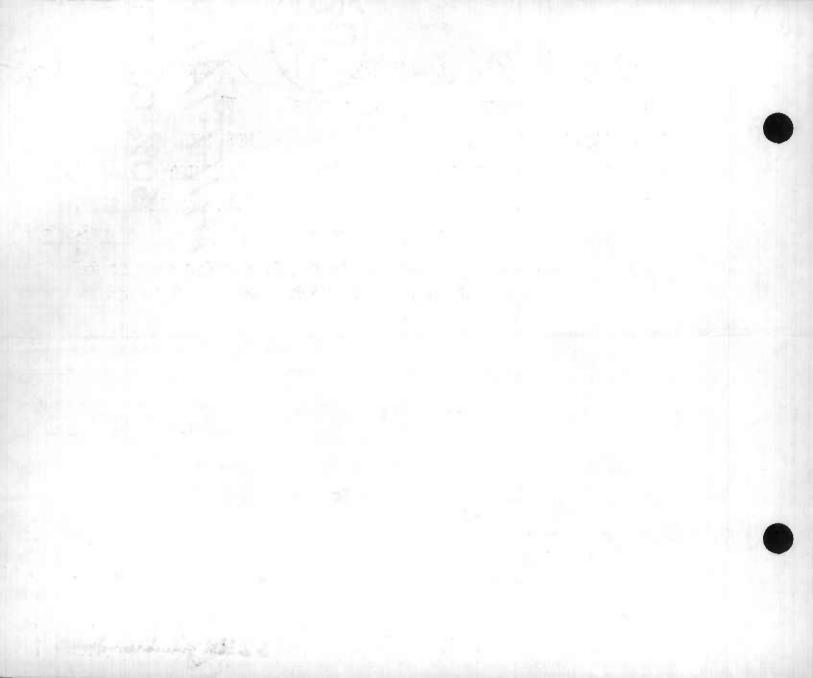
THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART T OR PART 2)

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE 2b. HOUR KNOWN X WONTH LTYPE OF PRINTS OF ESTI-MARY SHAFFER 7:12 6 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR BIRTHDAY PRONOUNCED 4,1903 Female White Aug. DEAD To MIRTHPLACE ISTATE OR LITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harrisburg, Pa. U. S. A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Western Md. State Hospital Center Housewife. Own Home Hagerstown AL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Rfd. 3 Box 358 136. COUNTY 13d. INSIDE CITY LIMITS? 21713 Boonsboro Washington NOX 15. MOTHER'S MAIDEN NAME MIDDLE LAST Angelina Magaro Librandi Isodora 7. INFORMANT ADDRESS Rfd. 3 Box 358 60 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) Mr. Arthur J. Shaffer, Boonsboro, Md. 578-10-0659D No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH NEUMONIA, RT. LUNG #486 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: HUURS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, ( lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190 DATE OF OPERATION 20 AUTOPSY? YES A E 3 SHOULU LE EDEPARTMENT C 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 EXECUTE THE CERTIFICATE, WRITING THE WANGE OF A SHOULD BE FORWARDED TO THE TO FUNEAL DIRECTOR: PAGE 3 SHOULD STEED BELLIMORE, WITH THE STATE DERRATIVE BALLIMORE, MARYLAND, 21201 PRIGR TO I HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME. 21f. LOCATION 714 INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 220 I certify that I taok charge of the remains described above, held an Autopsy and in my opinion death resulted fram-Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-28-SIGNATURE GEORGE MILIC, M EXAMINER'S NAME ABERSTOWN-MD-21740 TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Fairview Cemetery Removal-Burial 12-31-84 Freesburg. Snyder. Penna. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAF Froha Devidoon-Nandalle **DHMH - 17** JAN 2 1985 (VR A15 ME (5)) John H. Bast, Jr. Boonsboro, Md. 21713 20M 4/82

Thereals intro land. L. 1903 85 mytaburg, S. J. B. A. . . S. gurdakym C1 0 7 & W H 5H 5H 5M preparations to the control of the c String Secretor Secretors of Mrs. 1 Box 350 21713 Part Cit 55E to8 E .19E \$10-10-0559B Mr. Bakur J. English goombard. M. seroval-Burial 12-1-9 Pairties Cenesary Property Payder, Pennis. John H. Best. Mr. Boongoore, Md. 21713

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		3 4 / REG. NO.	2 3
I. DECEASED NAME FIRST (TYPE OR PRINT)  PAUL	MCKINLEY	SHANK	DECE	DEATH MONTH DAY	-1/
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
Male	White	Aug. 30,	1898 86	YRS.	5050311
Maryland  Maryland	U.S.A.		RCED Was	ECITY OR COUNTY O	MD.
Clearspring	11. NAME OF HOSPITAL, NURSIN (IF NOS IN SUCH FAGILITY, GIVE STREET ROSE STREET ROSE STREET ROSE STREET	ADDRESS)	TION 120 USUAL O (TYPE OF WORK) Reti	FOR MOST OF WORKING LIFE)	126, KIND OF BUSINESS OR INDUSTRY Home
Maryland 13 Was	nother institution, give residence before Mington Clear	rspring No No	Nesb	DDRESS / ZIP CODE	21722
Issac	Shank Shank	15. MOTHER'S MA		MIDDLE	ney
160 WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-18-		uth Mills	Clearspr	
DADT I DE ATH WAS CALLS	DUE TO, OR AS A CONSEQUE	ENCE OF POSCLE ROTTE	HEART DISC		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN YEARS
	CONDITIONS CONTRIBUTING TO D		THE TERMINAL DISEASE	OR CONDITION GIVEN	IN PART 110
PULMONA  190 DATE OF OPERATION  02-15-8 4  210 ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHICH	OPERATION WAS PERFORM			WERE FINDINGS USED NG CAUSES OF DEATH?
A CONTRACTOR CAUSE OF ST	ATH HOUR A.M. MONTH DA	AY YEAR 19	RY OCCURRED (ENTER NATE	JRE OF INJURY IN ITEM 18 PART	T I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET		CITY OR TOWN	COUNTY STATE
saw the deceased alive a	ntol) attended the deceased from 1980 of the body after death.	MAY 18			ond from the causes stoted
22b. SIGNATURE		DEGREE ATTE	NDING MEDICAL	STAFF	12-13-84
BARRY M.		224 ADDRESS	39 E. ANT	TIETAM S	
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CRE			Wash. Md

DHMH - 16 50M 4/83 (VRA 15, 4)

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156 DATE RECD BY REGISTRAP 256 REGISTRAR'S SIGNATURE

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A.K. Coffman Funeral Home, Inc., Hagerstown, Md.

(VRA 15, 4)

STATE OF MARYLAND

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415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

REGISTRAR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE			HEALTH AND MENTAL HYG	IENE 3 4	172	6	
11		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D		
		CEASED NAME FIRST	Louis	se	LAST	20. DATE OF DEATH	- 15- 1	AR 2b. HOUR	
		Mary	_	- 9	HUPP		12 13 8	34 4 201	
	3. SE	,	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HE	
	f	emale	white	Apr	il 8, 1911	73	YRS	ATS HOURS MI	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	н	
D	Pe	nnsylvania	USA	WIDOW		Washin	gton	,	
Ý		agerstown	LIE NOT IN SUCH FACI	PITAL, NURSING HOME LITY, GIVE STREET ADDRESS) TON County	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O <b>nurse</b>	F WORKING LIFE) INDUS	ND OF BUSINESS C STRY pital	
35	130. S Ma		13c. 6	RESIDENCE BEFORE ADMISSION CITY OR TOWN agerstown	13d. INSIDE CITY LIMITS?		ZIP CODE Wood Hill	21740 Circle	
	14 FA	THER'S NAME	ANIDOLE	→AST •	15. MOTHER'S MAIDEN NA			7401	
10		Charles I	dward	Dubbs	Anna	Alberta		trick	
1	0	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		7-2-1-	
1	No		21	9-20-1356	Mrs. Ethel I	H. Kretzer,	Hagersto	wn, Md.	
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS (b)  DUE TO, OR AS (c)	A CONSEQUENCE OF	osclorotic			97.1	
	NO	THE STORM CAN		458.0	tos mell	ALL DE LASE OR COM	JITION GIVEN IN PAI	KI IIa.	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO	
7	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART T OR PAR	KT 2)	
1	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN		211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE	
		220 I certify that (II) (this hospi sow the deceosed olive on above, (I) (we) (did) (did no	12/1:	5 1984	and that in (my) (our) opinion o	to 12/15 death occurred on the do	159. 19	that (I) (we) lo	
		Robt. VLC	any	1 bell	PHO ATTENDING PHYSICIAN	MEDICAL STAF	F	2/16/2	
1		Po box	Mr Can	up hell	220 ADDRESS Hag	ensto	un;	nd	
		URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	COLINITY	\$7ATE	
		rial			aven Cemetery		wn,Wash.		
	24 FL	INERAL DIRECTOR MINN	CH FUNER	CAL HOME	250 DATE	REC'D. BY REGISTRAR	15h REGISTRAR'S SIG	NATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic

415 E. Wilson Blvd., Hagerstown, Md. 21740

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	13/2/2		3411919

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a. DATE OF DEATH 1. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 12 19 Shupp Mazie Anna 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE July 14, 1890 white female 94 Ta\_BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington USA Maryland WIDOWED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY housewife Hagerstown Coffman Home for the Aging MISUAL RESIDENCE HE NURSING 130. STREET ADDRESS / ZIP CODE 1608 Salem Ave. 113d INSIDE CITY LIMITS? Maryland Washington Hagerstown 21740 YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Catherine Ward Joseph Moore **ADDRESS** 166. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ( IF YES, GIVE WAR OR DATES 218-30-8897 Mary C. Lum, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate couse (o), stoting lours underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET CITY OR TOWN STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) opinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 37h SIGNATUR DEGREE 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN PHYSICIAN [ 224 PHYSICIAN'S/NAME ITTIE CERTIFIC 22e ADDRESS d b MPORT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL burial Dec. 31, 1984 Rest Haven Cemetery Hagerstown, Wash., Maryland MINNICH FUNERAL HOME 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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79	н	agerstown		Washir	ngton Col	unty			teacher		NG LIFE) INDUSTR'	Y
11 25	3o. S		Washi		ISC. CITY OR TOWN Williams	N	13d. INSIDE CITY LIM		3e STREET ADDR 2750 Vi	ess / zip c rginia	Ave.	21795
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Poges 1 comedicate		VAS DECEASED EVER IN	U.S. ARMED		166. SOCIAL SECU		17 INFORMANT Benelle	s. H		Boons	sboro, N	ld.
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ottending ottending rer this ce is the buri	MEDICAL	21d INJURY OCCURRED		21e. PLACE C			211 LOCATION STREET	01	CITY	OR TOWN	COUNTY	STATE
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BP	b	BURIAL, CREMATION, RE Urial	- 7		3,1984 Re	st Ha	emetery or crema aven Ceme	etery	Hagers	stown,	Wash. W	laryland
MH - 16 50M 4/83	24 F	INERAL DIRECTOR M	INNIC	H FUI	VERAL H	OME	1740	DATE	2.8 1984	TRAR 256 BE	contract Sign	ATURE -
(VRA 15, 4)	1 4	DE. WIISON	DIVC	i.,nag	erstown,	wu.Z	1740	DLO		U		

(VRA 15, 4)

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	HENE 3	173	0		
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	3 SEX	x		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 2	_
1		ale		White	e	Apri	1 6,°1917 <sup>EAR</sup>	67	YRS.		HOURS	MIN,
3	70. BII	RTHPLACE (STATE OR I	FOREIGN	U.S.A		MARRIE		WASHINGTO	N	10		MD.
19	Ha	agerstown		Washing	gton Coul	nty Ho	spital	(TYPE OF WORK FOR MOST O Letterkenn	F WORKING LIFE)	Depot		
	13c S	at residence (if nors aryland	HASh Wash	ington	Hancock	re admission) NN	13d. INSIDE CITY LIMITS? YES \( \text{NO \( \text{X} \)	Rt#1 217	ZIP CODE			
ALC	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA5	T	
10		Harvey			Stanley		Hettie			ppard		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS			
		Yes	W.W	.11	213-18	-8255	Erma R. Stan	ley Rt#1 Ha	ncock,	1111	21750	
		18 CAUSE OF DEATH (Enter only one couse per line for (g)) ib), and ich have — Rulmen  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
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9	ERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATION WAS PER			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IG CAUSES		H?
	Ü	218. ACCIDENT WAS UN	-	216. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART T	OR PART 2)		
4	EDICAL	(IF EITHER, NOTIFY MEDI		AIN .		19						
	MEDI	214 INJURY OCCUR	HILE [	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	Ate
	-	220 1 certify tho					2- 29 19 84	. to	-25 19	84	tha 🕡 (w	/e) lost
	43	saw the deceased alive on										
		THE SIGNATURE	2	1	A	7	DEGREE	MEDICAL STAI		22c. DATE		00
1		724 PHYSICIAN SA	AME (TIME )	m	7	w	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌	12.	-30	ry
		1			0							
		BURIAL, CREMATION,	REMOVAL	236. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	50	OUNTY.	12 .	ATE
440		Burial		12/31	/84	Park	head Cemetery	Big Pool	Washi	ngtor	n Md'	
13	6	T EXAL DIRECTOR	) and	1	L/ADDRESS		IAAA JA	N 7 TORS	wia Davi	dson-A	andell	

DHMH - 16 50M 4/8 (VRA 15, 4)

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Minnich Funeral Home

Wilson Blvd., Hagerstown, Maryland 21740

FOR

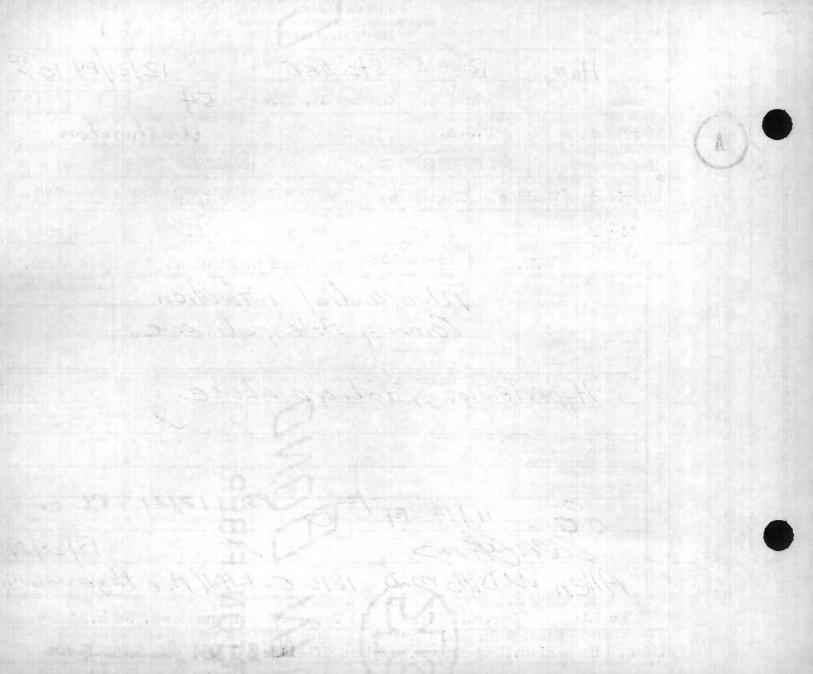
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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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Brunswick Md

John T. Williams Funenal Home

ALL MAL

requires that the death certificate be executed within 24 hours ofter

01	FOR
0	FOR - STATE
	DECISTRAD

completely filled in by the funeral direct of a lond 2 should be filed within 72 hours

havild be detached for use as the burial-transit permit. Then please remove corbaniopers. Pages 1 with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPOSTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

OR ATTENDING

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 REC	A .NO.	1	3	6
PREAT	4.4	diam'r.	0.614	N. F.

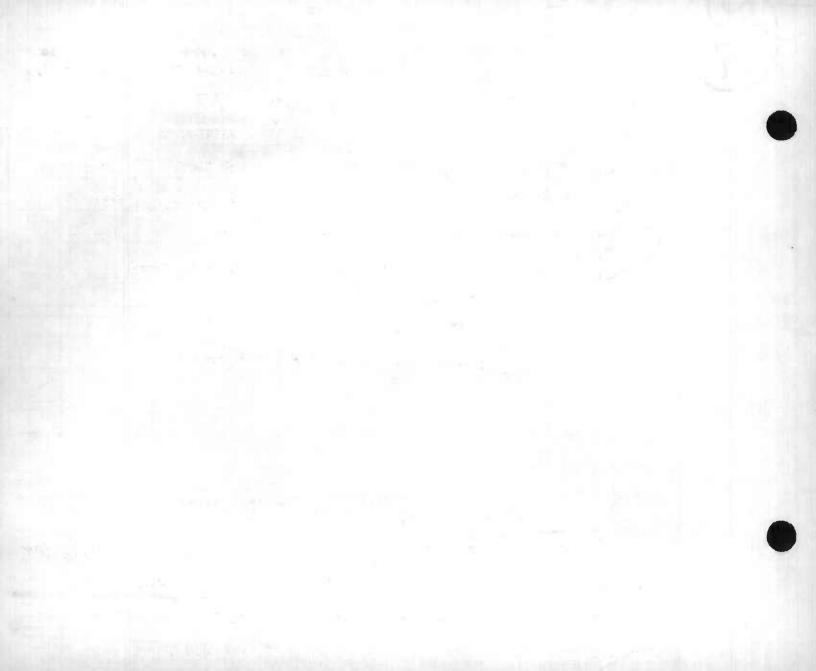
1	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.		1
1,	DECEASED NAME FIRST	٨	AIDDLE	LAST	1	ONTH DAY YEAR	20,11000
Ľ	KALPH	1 4	ee 7	HOMAS	12/25/50		4 22 pan
3.	SEX	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHI	MONTHS DA	
	m	Whit	e "	1-09-1907	1//	YRS.	THE STATE OF THE S
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR		1
	Maryland	10.5		OWED DIVORCED	WASHINGT	ON	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION	MORKING LIEFT INDUST	D OF BUSINESS OR
1	Agerstown	Wash.	Cty. Hos	sital	Stock Clerk	Dru	ig Store
H	SUAL RESIDENCE (IF NURSING HOLDER STATE	ME OR OTHER INSTITUTION	GIVE RESULNCE BEFORE ADMIS	I 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	
	Maryland Wa	shington	Hagerstown	YES NO X	115 Marber		40
14	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	25/10/21 25/21	LAST
	1 11101	Bertrude	Thomas	Minnie	Ann	Don	rsey
16	WAS DECEASED EVER IN U.S	ARMED FORCES?	166. SOCIAL SECURITY N	O. 17. INFORMANT	ADDRES		
L	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	219-14-799	3 Kenneth Thom	as (item 13	above)	
F	18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and (c).)			APP	PROXIMATE INTERVAL
	PART I. DEATH WAS CA	AUSEĎ BY DIATE CAUSE (0)	Respiratora	Arrest			
	IMME		, ,				
ı	Conditions, if any, which		RAS A CONSEQUENCE C			_	
L	gove rise to immediat						
L	cause (a), stating the underlying cause las	DUE TO, OI	R AS A CONSEQUENCE O	ere Intestition	d Fibrosit		
1	DADI O OTHER CICALIERCA			BUT NOT RELATED TO THE TERM			T 1
1		INI CONDITIONS <u>CC</u>	DNIKIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	VIN AT DISEASE OK COMPI	TION GIVEN IN PART	1 110
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	19b, COND	TION FOR WHICH OPERA	ATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED
	₹				YES TO NOT	IN CERTIFYING CAUS	ISES OF DEATH?
1	210. ACCIDENT WAS UNDERLYIN	G 1 21b. TIME O	F INJURY	121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
		OF DEATH HOUR A.	M. MONTH DAY Y	EAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED	21a PLACE		21f LOCATION			
	WHILE NOT WHILE		REET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	N COUNTY	STATE
	AT WORK AT WORK			2/23 10 24	/2.5	501	
П	22s.1 certify that (I) (this I saw the deceased aliv	1-	s deceased from	ond that in (my) (our) apinion	death accured as the date	a sad baux and learn	, that (I) (we) lost
П	obove, (I) (we) (did) (d	id not) view the body		100			
Н	226 SIGNATURE	MS	hups Ms	DEGREE	MEDICAL STAFF		ATE SIGNED
1	ande	en //	with 13		DIRECTOR   PHYSICIA		16/1
L	22d. PHYSICIAN'S NAME +	_		22e ADDRESS	1 1	11	0. 1
	MINDREW .	1. Gun	1	100 Gotton	s lane, Kee	aysuille,	172
2:	Be BURIAL, CREMATION, REMO			OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	Dec.28	,1984 Green	lawn Mem.Park	Williamspo	rtWashingt	onMarylan
24	FUNERAL DIRECTOR			25n DA1	TE REC'D BY REGISTRAR 25	LREGISTRAR'S SIGN	NATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

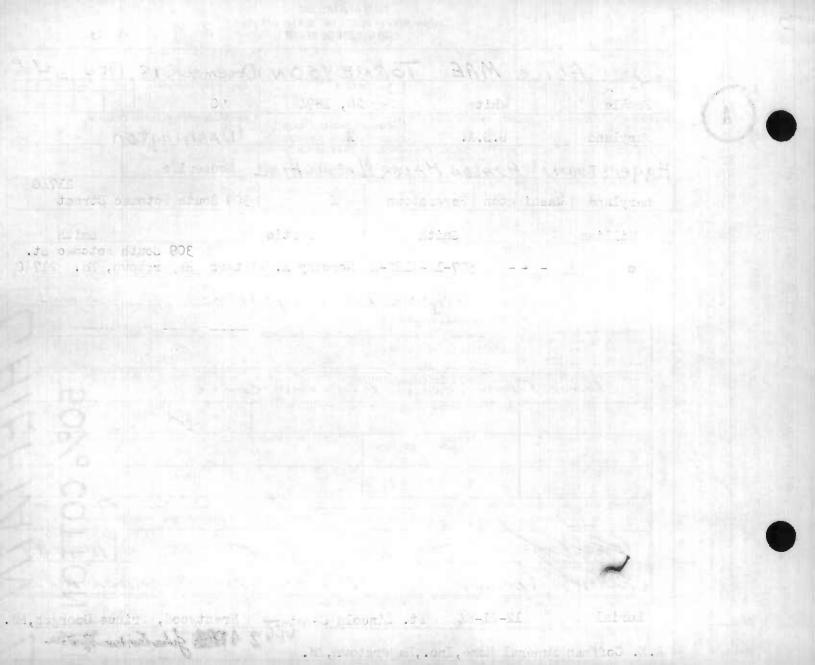
BP

Major M. Osborne Williamsport, MD 21795

DATE REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE DEC 3 1 1984 Chelia Davidson Pondare



(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HOUR LITTE OR PRINTS Helen 986 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 2 LMP 3 SEX MONTH White Female BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY ennsvlvania DIVORCED Washington County WIDOWEDT 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ashington agerstown County Hospita Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Vashington Alexander House Maryland Hagerstown NO F 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDDI F LAST MIDDLE FIRST Mary Helen Thomas Ruck enry Penner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 166 SOCIAL SECURITY NO Hagerstown. LYES. NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Buena 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (5)(a), (b), and (c) IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION ö IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [] 71a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC.) morked NOT WHILE AI WORK 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 2 \_, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated NATURE DEGREE 22c DATE SIGNED ATTENDING + MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME LITYPE OF PRINT should be 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE (SPECIFY) Buria est Haven Cemetery Hagerstown Wash 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 305 N. Potomac St. DHMH - 16 50M 4/83 This Davidson-Randall (VRA 15, 4) Minnich Hagerstown, Maryland



death. Page 4 may be

completely filled in by the funeral director. I and 2 should be filed within 72 hours of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	18	7	209	
O	da	1	J	
REG.	NO.			1

	FOR - STATE REGISTRAR	DEI		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 3 4	/ 3	1	
	DECEASED NAME (TYPE OR PRINT)  Lorette	Virgini		tapoe	10.01.12 01 00.11.1	L2 26	85	3:10a M
Ī	3. SEX 4	RACE	S. DATE O		6. AGE   IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
1	Female	White	08	04 29	55	YRS.	DAIS	NOOKS MILE
J	70. BIRTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT COU	NTRY? 8	DEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	DEATH	
2	Md	USA	WIDOWE		Washingto	n		MD.
1	Hagerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GMI Western Mar	E STREET ADDRESS)	1	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OWN	BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 13b. COUNT	THER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)		13e STREET ADDRESS / Box 22	ZIP CODE 2177		IO.AC
1	14 FATHER'S NAME	MODLE LA		15. MOTHER'S MAIDEN NAM FIRST Lorena	E MIDDLE		LAST	rts
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)   JIF YES, GIVE	WAR OR DATES)	1 SECURITY NO. 32-4591	17 INFORMANT  Calvin E. Tri		Box :		ì.
ľ	18 CAUSE OF DEATH (Enter only	y one couse per line for (o),	(b), and ici.1				APPROXI	MATE INTERVAL
1	PART I. DEATH WAS CAUSED	CAUSE (o) Respi	ratory	failure			Day	
	Conditions, if ony, which		secuence of	eural effusi <b>ò</b>	n			nths
	couse fol, stoting the underlying couse lost.	DUE TO, OR AS A CON	sequence of cancer	r metastatic	to pleura	kliver	Yea	ars
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTIN</u>	IG TO DEATH BUT	NOT RELATED TO THE TERMIT	nal disease or cone	ITION GIVEN	IN PART 110	2
>	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	700 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	ERE FINDING CAUSES	IGS USED OF DEATH?
		HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURRE		Y IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY HE ALWORK  ALWORK ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC }	211 LOCATION STREET	City OR TOV	WN	COUNTY	STATE
	220.   certify that (X(this hospital sow the deceased alive on above, (1) (wx) (did) (x(x(x))		_19_ <u>84</u>	d that in (my) (XX opinion de			d Irom the o	
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (1995 OR	5 Du	د را	ATTENDING PHYSICIAN  27e ADDRESS	MEDICAL STAF		12/2	6/84
	Kyung S. Kim,			1500 Pennsyl	vania Aver	, Hage	rstov	vn
	230 BURIAL, CREMATION, REMOVAL (SECIET) BURIAL	12-29-84	23c. NAME OF C	Lie Hgts. Cen.	Prownsvi	Lle, Wa	sh. C	o., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health

the burial-tronsit permit. Then pleas and Mental Hygiene prior to burial,

IMPORTANT: If hem 21 is morked or them

24 FUNERAL DIRECTOR John H. Bast, Jr.

Boonsboro, Md. 21713

250 DATE REC'D. BY REGISTRAR'S SIGNATURE
DEC 28 1800 File Builden Ronders

The same of the sa

The supplied of the state of th

within 24 haurs ofter

the ottending physicio

this certificate has been signed by

TO HOSPITAL OR ATTENDING PHYSICIAN:

injury, or other troumatic event, the

should be detoched for use os the buriol-transit permit. Then please remove corbandage with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal. MyDORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, till

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- J	V	61219	6
. 3 43	6	. 6	- 24
REG. NO.	#	2	-
REG. NO.			

REGISTRAR		CERT	FICATE OF DEATH	REG. N	5. / 5	S		
1. DECEASED NAME FIRST	ld F	Richard	nfeltz	2a. DATE OF DEATH  December 7	MONTH DAY	YEAR	26 HOU	
3. SEX Male	4 RACE White		OF BIRTH  Y 2, 1916  YEAR	6. AGE (IN YEARS LAST BIRT		HS DAYS	# UNDER HOURS	24 HRS MINL
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.A.	WIDOV		BALTIMORE CITY O	R COUNTY OF	DEATH		м
10 CITY OR TOWN OF DEATH Hagerstown	Washing	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)  ton County H	ospital	120. USUAL OCCUPATE (1YPE OF WORK FOR MOST O Pastor		26. KIND OI NDUSTRY Chur		SS O
MD Wa.	OUNTY	ive residence before admission 13c. CITY OR TOWN Hagerstown	136. INSIDE CITY LIMITS?	Rt. 1, Bo	ZIP CODE	217	40	
14. FATHER'S NAME FIRST Harry	Lee	Warrenfeltz	IS. MOTHER'S MAIDEN NA  Ina	WIDDLE		Spess	ard	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 199-24-9489	Mrs. Caroli	ne R. Warre		Hag.	, MD	)
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Motor but admocordinaria of with						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2 OTHER SIGNIFICAL  190 DATE OF OPERATION  1977  210. ACCIDENT WAS UNDERLYING		NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	206. IF YES, WI	RE FINDIN	GS USER	D
E 1977	Cul	on arain or	m.	YES NO	IN CERTIFYING	G CAUSES	OF DEAT	IH3
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. MINER) P.M.  21e. PLACE O	MONTH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)		TATE
AT WORK AT WORK  220-1 certify that (I) (this h	nospital) attended the	-1	, 19.84		Z	54.1	horTingo	we) los
saw the deceased oliv obove, (I) (we) (did) (di 27b SIGNATURE WMWA A	Planer	fter death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		22c DATES		ated
22d. PHYSICIAN'S NAME (1			22e. ADDRESS					
Burial, CREMATION, REMO (SPECIFY) Burial 24 FUNERAL DIRECTOR	Dec.9,	St. Pau	cemet <b>Cametery</b> ory al's Lutheran	23d. LOCATION CITY OF TOWN  Leiters  E REC'D. BY REGISTRAN	niro Wa	Sh SSIGNATI	MD	TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Davis Funeral Home Smithsburg,

BP.

TO FUNERAL DIRECTOR: After etoined by the hospital or

Level uncaid for a state of the contract of th

Y ----

	STATE OF MARYLAND  1 - STATE REGISTRAR  STATE CERTIFICATE OF DEATH  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO. / 4										
h		CEASED NAME MATERIAL ORPRING	ret Katheria	ne lunge	hisper	20. DATE OF DEATH MONTH DAY YEAR 26. HOU					
1	3. SE	Female/	White	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
5	Fr.	RTHPLACE (STATE OR FOREIGN COUNTRY) Pederick, Md. ITY OR TOWN OF DEATH Lgerstown	76 CITIZEN OF WHAT COUNTY  U. S. A.  11. NAME OF HOSPITAL, N  IF NOTIN SUCH FACILITY CIVE	MARRIE	OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN Washington 126. USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING HOUSE MOTHER)	MD.				
35	USU/ 13a. S <b>Ma</b>	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN LTYLAND Wash	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS Rfd. 2 Box 7					
10		Charles  VAS DECEASED EVER IN U.S. AR.		nell	15. MOTHER'S MAIDEN NA/ FIRST  Anna  17. INFORMANT	Mary	Homer				
/	0	YES, MO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 219-1	1-9699		Rfd B	ox 78  o, Md. 21713  Lapproximate interval  Lapproximate interval  Approximate interval				
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COO	NU	whe solution of the term	at And					
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO				
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		H DAY YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM					
	ME	WHILE NOT WHILE 220.1 certify that (1) (this haspit	(AT HOME STREET, FACTORY, C	11.9	, 19 8C	CITY OR TOWN					
1		saw the deceased alive an, aboye ( ) we ( ) did ) did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1994)	1 -		DEGREE	death accurred an the date and h	22c. DATE SIGNED				
	23a. B	SURIAL, CREMATION, REMOVAL	1236. DATY		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE				
Ш		remation	12-16-84	Smithsbu	arg Crematory	Smithsburg,	Wash. Co., Md.				

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
NAME
John H. Bast, Jr. (VRA 15, 4)

Boonsboro, Maryland 2171 3 DEC 1 9 1984

Wash. Co., Md.

256. REGISTRAR'S SIGNATURE

H . C . 881.31	.9=	2000	i ontennak o	management and a
		1997 (35 a	enset stage	nforce
	notenine t			Treserior, M.
Mosi coma Mos	Tarlow Source	Louis	raious affir so lo	TO E TO E
	87 206 S . DAN		processors recent	Morylend Rent
ramoit	Mary SES. 2 30	and/L	11 c. 11	Chriches
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			State of the state	
	To Durant	the the		
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		7		
	VER 1/2	Mr.	Great de la	
	, lonivi.	fan sur an	odalojim d 1-2	10
		SIGIS Das.	Jeensbere, E.j.	. Is deal . Inot

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 3 RE	4.0. 7	41	
	DECEASED NAME FI	RST .	MIDDLE		AST	20. DATE OF DEA	німом НТ	DAY YEAR	26 HOUR
1	GAI	L CH	ARLES	WC	LFE	Decembe	r 7, 19	84	4:00 PM
3. 5	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS L		IF UNDER TYEAR	IF UNDER 24 HRS
	Male	Caucas	ian	Janu	ary 2, 1923	61	YRS	MONTHS DAYS	HOURS MIN.
170	BIRTHPLACE (STATE OR FORE		WHAT COUNTRY?	8.		9 BALTIMORE C			
	Manual and	US	7 71		D X NEVER MARRIED U	*** -7-1			
10	Maryland CITY OR TOWN OF DEATH			WIDOWE	OR OTHER INSTITUTION	Washing 12g USUALOCC		12h KIND C	MD. OF BUSINESS OR
1		(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS]		(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTRY	
	Hagerstown  BUAL RESIDENCE (IF NURSING)		ngton Coun		spital .	Pres.Con	st <u>Equi</u>	p Co.	Construc
13	a. STATE	OUNTY	13c. CITY OR TOW		136. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DDE	
		rederick	Frederic	k,	YES NO	6104 Per	nbrook	Street	21701
A <sup>n</sup>	FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		DDIE	LAS	ST
1	Victor	В.	Wolfe		Gay		ertha		etzer
160	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES?  FYES, GIVE WAR OR DATES)	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	/	6104 F	embrook	St.
Ł	NO	res, sire transmission	216-14-6	359	Catherine L.	Wolfe		ick, Md.	
F	18 CAUSE OF DEATH (E PART 1. DEATH WAS	nter only one cause pe	er line for (a), (b), an	d (c).1					MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFIC	cant conditions		ENCE OF MON DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR  200 AUTOPSY  YES   NG	? 20b IF	GIVEN IN PART 10 YES, WERE FINDICATES YES YES	NGS USED
<b>5</b> 8	210. ACCIDENT WAS UNDERLY	110110	OF INJURY	AV VEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE	DE INJURY IN ITEM	18 PART 1 OR PART 2)	
13	OR CONTRIBUTING CAUS	DE OF DEATH	A.M. MONTH DA P.M.	AY YEAR					
MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
	220 I certify that (I) (the baspital) attended the deceased from								
1	724 PHYSICIAN'S NAME	THE OF HINE	, po cero		22e ADDRESS		TO CLAIN [		
23	BURIAL, CREMATION, REA	AOVAL TIB DATE	236 1	NAME OF C	Hagerstown,	Md.	4		
	(SPECIFY)				vet Cemetery	CITY OR TO	WN	rederick	MA STATE
24	Burial FUNERA DESCRIPTION	12/11	And the second		250 DATE	REC'D. BY REGIS			
	(somule 9	Arillers	1201	N. Ma	rket St.	- 4004		201	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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deoth certificate

## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-7	.1		A	6
J	5	1	4-1	1
REG.	NO.			-

- 1		REGISTRAK					REG.	NO.			
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)					AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1	(TYPE	Blanche	Y	12 05 84 4:15 M							
3	3. SEX 4. RACE				5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER				
L		female	whit		June 5, 1901		83	YRS		5 HOURS MIN.	
7		RTHPLACE (STATE OR EOREIGN OUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
2		ryland	USA		WIDOWE		Washing	Juon	County	MD.	
		TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR	
	Boonsboro Fahrney Keedy					9	(TYPE OF WORK FOR MOS	I OF WORKING		nty tax	
		L RESIDENCE (IF NURSING HOME OR TATE 136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / 7IP CC		office	
	22			n Hager			738 Sumr	nit A	Ave.	21740	
_		THER'S NAME				15 MOTHER'S MAIDEN NA	ME				
1	Ш	Albert	C.	Cord	erman	Alice	V.		Hai	use	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADD	RESS			
		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-18	-246	Lucille	V. Eberly	z. Zu	illinge	er, Pa.	
E	-									OXIMATE INTERVAL EN ONSET AND DEATH	
-1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per DBY:	line for (o), (b), on	od (C!.)	00 0	+		BETWEE	N ONSET AND DEATH	
		IMMEDIAT	E CAUSE (o)	(	cero	uge a	res				
н			DUE TO O	R AS A CONSEQU	ENCE OF	0	1	0 -	10		
-1	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which										
- 1		gove rise to immediate									
п		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
-1		(c)									
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
-1	O										
$\exists$	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINE		
1	FIC		A CONTRACTOR							ING CAUSES OF DEATH?	
4	R			E IN LANGEY		Val. How hillion occurs	YES NO		YES []	NO []	
		OR CONTRIBUTING CAUSE OF DEA	110110 1	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF IN	JURY IN ITEM 1	IB PART LOR PART 2	)	
	Z	(IF EITHER, NOTIFY MEDICAL EXAMINER)		M.	19						
-1	MEDICAL	21d INJURY OCCURRED	21e. PLACE			21f. LOCATION			COUNTY	STATE	
1	×	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR	IOWN	COUNTY	SIAIE	
-		AT WORK					<del>-</del>				
1		22a.1 certify that (1) (this hospit		e deceosed from		. 19	, to			, that (I) (we) lost	
		sow the deceased alive on obove, (1) (we) (did) (did not	view the body	ofter death.	, 01	nd that in (my) (our) opinion	death occurred on the	date and h	nour and from t	ne couses stated	
- 1		22b. SIGNATURE DEGREE							22c. DA	TE SIGNED	
		9.	4		un	ATTENDING PHYSICIAN [		AFF SICIAN []	12	15/55	
1		774. PHYSICIAN'S NAME TYPE OF	PRINT)			22e ADDRESS	/	1	. /	///	
/		ABBUL	WA	HEEP,	wo	10000	AK HICC	AVE	1fAC	· de 217	
7		URIAL, CREMATION, REMOVAL	23b. DATE	~ 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	bu	rial	Dec.1	0,1984	Rose	e Hill Cem.	Hagerst	OWn	Wash	MA	
			20014	-,	2100		THUSCIS	-C WIII,	masii.	, race .	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT; If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the medical exphiner must be notified at one

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

24 FUNERAL DIRECT MINNICH FUNERAL HOME WilsonBlvd., Hagerstown, Md. 21740 250 DATE REC'D. BY



(VRA 15, 4)

